OBSTETRIC OUTCOME IN PREGNANCY ABOVE 30 YEARS

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DECLARATION

I, **Dr.K.SASIREKHA,** solemnly declare that dissertation titled, **''OBSTETRIC OUTCOME IN PREGNANCY ABOVE 30 YEARS ''** is a bonafide work done by me at Govt. Stanley Medical College & Hospital during 2005-2008 under the guidance and supervision of my Unit Chief **Prof.Dr.C.R.ANURADHA, M.D., D.G.O.**

The dissertation is submitted to Tamilnadu, Dr.M.G.R.Medical University, towards partial fulfilment of requirement for the award of **M.D. Degree (Branch-II) in Obstetrics and Gynecology.**

(Dr.K.SASIREKHA)

Place : Chennai

Date :

CERTIFICATE

This is to certify that the dissertation entitled **''OBSTETRIC OUTCOME IN PREGNANCY ABOVE 30 YEARS''** is the bonafide original work of **Dr.K.SASIREKHA** in partial fulfilment of requirements for **M.D.Branch-II (Obstetrics and Gynaecology)** Examination of the Tamilnadu Dr.M.G.R.Medical University to be held in March 2008. The period of study was from September 2006 to August 2007.

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CONTENTS

ABBREVIATION

Group

Study - 1
Control - 2

Educational Status

Nil	-	0
≤ 5th Std	-	1
5 to 10th Std	-	2
10-12th Std	-	3
University	-	4

Period of Gestation

<20 Weeks	-	0
28 to 30 Weeks	-	1
31 to 34 Weeks	-	2
35 to 36 Weeks	-	3
37 to 38 Weeks	-	4
39 to 40 Weeks	-	5
>40 Weeks	-	6

Duration of Labour

Upto 5 hrs	-	1
5-8 hrs	-	2
8-10 hrs	-	3
10-14 hrs	-	4

Mode of Delivery

D&C	-	0
Labour natural with episiotomy	-	1
Labour natural with Lacerated perineum	-	2
Instrumental delivery	-	3
LSCS	-	4
Salpingectomy	-	5

Complaints

Safe confinement	-	0
Pain	-	1
PROM	-	2
PIH	-	3
Anaemia	-	4
GDM	-	5
PTL	-	6
APH	-	7
Fibroid	-	8
PPH	-	9
Others	-	10
BOH	-	11
Multiple pregnancy	-	12

Indication for LSCS

Fetal distress	-	1
CPD& Labour Dystocia	-	2
Previous LSCS	-	3
Breech	-	4
Infertility	-	5
Placenta previa	-	6
Others (BOH, Oligohydramnios, Abruptio)	-	7

Birth weight

< 1 Kg	-	0
1-2 Kg	-	1
2-2.5 Kg	-	2
2.5-3 Kg	-	3
> 3 Kg	-	4

* PROM - Premature rupture of membranes
* PIH - Pregnancy induced hypertension
* GDM - Gestational diabetes mellitus
* PTL - Preterm labour
* APH - Antepartum hemorrhage
* PPH - Postpartum hemorrhage
* CPD - Cephalopelvic disproportion

INTRODUCTION

Obstetrics is a wonderful art of caring for two lives, the expectant mother and her baby in the womb.

In the late 1960's and early 1970's, there was a decrease in the number of live births generally and a decrease in the proportion of mothers aged 35 years and older.[1]

Because of improvement in women education, priority in jobs and ofcourse hearty encouragement from male counterparts and delay in the age of marriage, women have little time to plan about her reproductive career![2]

In the last three decades, there has been a trend towards deferred childbearing, especially among healthy, well educated women with career opportunities. The proportion of pregnant women above 30 years vary from country to country. Formerly, pregnant women aged 35 years and older tended to have several unplanned pregnancies, whereas today, the proportion of first births to "elderly" pregnant woman is growing.

Advanced maternal age is generally held to signify age after 35 years at the time of delivery. This implies decreased fertility and increased risk[1].

A pregnancy is termed as high risk, when the probability of an adverse outcome for the mother or child is increased over and above the baseline risk of

that outcome among the general population, by the presence of one or more ascertainable risk factors.

There are different opinions regarding the age above which a pregnancy is termed elderly, the age above which there is a significant increase in the rate of complications. The oldest mother probably is “SARAH” in the biblical book of genesis, who at the age of 91 bore a son, Isaac. Most of the western physicians consider 35 years and older as elderly. In our country, where more than half of marriages are performed in the second decade of a woman’s life, 30 years and above can be considered as “elderly”(Dawn et al, Dutta)

In Nigeria, a woman aged 25 years and above in her first pregnancy is termed “elderly primigravida”. (Ojo.A.Oronsayee.V)

Advanced maternal age has been associated with an increased risk of various complications like Hypertension, Diabetes mellitus, Intrauterine growth restriction and congenital malformations. Anticipation, timely and accurate diagnosis of complications and their treatment leads to favourable outcome thus stressing the importance of good prenatal care.

AIM OF THE STUDY

Aim of this study is

1. To find out the incidence of pregnancy above 30 years at Govt. R.S.R.M. hospital in the study period.

2. To analyse the obstetric outcome.

3. To study the various determinants influencing obstetric outcome above 30 years.

MATERIALS AND METHODS

Clinical material consist of 500 randomly selected patients. The study group comprises of 250 patients with pregnancy above 30 years and compared with equal number of pregnant patients in 20 to 30 year age group (control group) at Govt. R.S.R.M. Lying in hospital between September 2006 to August 2007.

This is a prospective study and patients (randomly selected) admitted in the labour ward complex or through A.N. O.P were included.

After categorizing the patients into study and control group, informed verbal consent obtained and a detailed history was taken with a common proforma.

After general examination, vitals were noted down. Obstetric examination carried out to asses gestational age, lie, presentation, liquor volume.

Bimanual pelvic examination done for patients nearing term.

Following investigations were done

Urine protein, sugar, deposits

Haemoglobin and Packed cell volume

Blood sugar-fasting and postprandial (2 hours)

HIV, VDRL,

USG.

Special investigations for complications like

PIH

Blood urea,

Serum creatine, uric acid ,fibrinogen,

LFT,

24 hour urine protein,

Fundus examination.

ANAEMIA

Complete haemogram,

Peripheral smear

Pcv,

Urine culture and sensitivity.

DIABETES MELLITUS

Blood sugar-Fasting and Postprandial,

Hb A1 C,

Infection screening.

REVIEW OF LITERATURE

In the last three decades, there has been a trend towards postponement of marriage and deferred child bearing, especially among healthy, well educated women with career opportunities.

How the maternal age affects the transition to motherhood is the context of a very interesting study by Wilhes-Nystrom et-al (1987).

This study involved two groups

Group1 - primigravida of 20 – 29 years.

Group2 - primigravida of 30 – 39 years.

Group2 is better suited and able to undergo transition to motherhood and adapt themselves to their newer role better than their younger counterparts.

However, a woman's fertility is at it's maximum at about the age of 23 after which there is a gradual decline. By the age of 40, the chances of conception are greatly reduced. Having once conceived, the elderly primigravida has a greater predisposition to abort.[2]

There are two categories of pregnant population beyond 30 years. Those who had late marriage and spontaneous conception. The other group who were married in their early twenties and were unable to conceive, long period of infertility.

Whatever may be their background, pregnancy beyond 30 years is considered to be at risk in Indian scenario. However, western countries consider 35 years as the age limit for elderly primi. We don't exactly know the upper age limit for conception, be it menopause or further beyond since we do have ART conceptions beyond menopause.

Though comprehensive studies are lacking in very old, a series of few studies from 1932 – 1974 (USA) showed the possibility of pregnancy beyond 48 years and 6 pregnancies at 50 years of age. Stanteen (1956), Highdon (1960), Posner (1961), Bird and Meelin (1971), Horger & Smythe (1977).

Ventura has noted a significant change in women of younger age group giving birth in the 1960's and 1970's. In 1970, 80% of women less than 30 had given birth whereas in 1979, the number has decreased to 72%.

Incidence and Epidemiology

The global total fertility rate fell from 5 children per woman – life time in 1950 – 55 to 2.5 children in 2000 to 2005. Within the US, as well as in other industrialized countries, the crude birth rate has dropped with women having fewer children. In the US, the crude birthrate dropped from 24.1 in 1950 to 14.9 in 2002. Similarly, the overall fertility rate has dropped from 106.2 /1000 to 64.8 /1000.[32]

The implication that women are having fewer children than they were 50 years ago seems obvious. One would expect that the effect would be that fewer older women are having children. However, although overall birthrates for older women have decreased, there is evidence that women are merely delaying childbearing.

At the age of 40 – 44 years, the number of women who had not had at least one birth was 15.8/1000 in 2002, compared with 15.1/1000 in 1960. However, at every other age group, the number of women who had not yet had a live birth was significantly higher in 2002 than in 1960. For example, 66.5% of women aged 20 – 24 years had not had a child yet in 2002 versus 47.5% in 1960. Similarly at age 25 – 29 years, 41.3% in 2002 versus 20% in 1960, suggesting that women simply were having children later rather than opting not to have children at all.[32]

The reasons for this shift towards later childbearing are multiple. Women are attaining higher educational levels than in previous decades. Within non industrialized countries, the age of first birth and the interval between births increases as women's status increases. Factors in particular that are related to this phenomenon are related to the women's education and the wealth of the family. Within the US in 2002, 25.9% of women with live births had more than 16 years of education, compared with 8.6% in 1970. Level of education correlates with knowledge of contraception, age at first birth and total number of children.

The changing role of women in the work place, with more career opportunities available, has undoubtedly affected childbearing. Control of fertility with increased contraceptive options plays a part. Likewise, the availability of assisted reproductive technologies to older women has allowed many to achieve pregnancy and childbearing. In 2002 42.5% of cycles in women aged less than 35 years resulted in pregnancies, while only 17.3% of cycles in women aged 41 to 42 years resulted in pregnancies. Live birth rates are lower, with only 10.7% of cycles in women aged 41 to 42 years resulting in live births.

A retrospective study of all deliveries to women over age 50 years, from 1977 to 1999 in the US identified 539 deliveries, for a rate of 4/100000. These women are likely to conceive with assisted reproductive technologies. The oldest woman to conceive a pregnancy naturally was 57 years old. Births to women as old as 66 years have been reported using assisted reproductive technology.[32]

The mean age at marriage shows an increasing trend from decade to decade. This increase is found to be statistically significant. The marital age specific fertility rate is slightly higher for the age group 15 to 19 years but is lower for the ages of 30 and above.

The relationship of cumulative number of pregnancies and the number of pregnancy wastages experienced shows that the pregnancies of mother

increase with more pregnancy wastages. But, the average number for those who never experienced a loss was also high. (Afzal.M, Khan.Z, Chaudhry).

In a retrospective study of all deliveries in the US from 1977 to 1999, four maternal age groups were constructed to assess the risk gradients for fetal morbidity and mortality.

20 – 29 years - young

30 – 39 years - mature

40 – 49 years - Very mature

More than 50 years – older

The consensus was that for older mothers, risk of preterm, very preterm were tripled and very low birth weight (VLBW), small for gestational age (SGA) and fetal morbidity was doubled when compared with younger counterparts. (Salihu HM, Shumpert MN, Slay M, Kirby RS, Alexander GR)

[1]Advanced maternal age is a risk indicator for several pregnancy complications. This includes abnormal weight gain, obesity, gestational diabetes, chronic and pregnancy induced hypertension, antepartum hemorrhage, placenta praevia, multiple gestation, P.R.O.M and preterm labor. Intrapartum complications of malpresentation, fetopelvic disproportion, abnormal labor, increased use of oxytocin in labor, caesarean section, instrumental delivery, sphincter rupture and postpartum heamorrhage are more frequent in older women.

There is also a high risk of still birth throughout gestation and the peak risk period is 37 to 41 weeks. (Montan.S).

Increasing age is a continuum rather than threshold effect. In the early 1990's, Berkowitz and colleagues reported that although pregnancy complications are more common in primiparous women aged 35 years or older, the risk of poor neonatal outcome is not appreciably increased.[1]

Preconceptional Issues

Fecundity

Reproductive impairment, what is referred to as fecundity has not been well explored as fertility. Fecundity impairment also increased with advancing age. It is 11.7% for women of 20 to 24 years age group whereas 33.6% for those aged 35 to 39 years.

Impaired fecundity was complained of more by women in their 30's (11.3%) as against those in their 20's (7.8%). On the problem of lowered fecundity as a function of age, Schwartz and Mayan (1982) reported as cumulative pregnancy success after artificial insemination for different age groups as

26 – 30 years - 74.1%

31 – 35 years - 61.5%

More than 35 years – 53.6%

All these clearly prove that there is a definite decline in the woman's ability to conceive with increasing age.

Fertility:

Fertility declines with advancing maternal age. In 2002 fertility rates for women aged 35 to 39 years were 41.4 /1000, 8.3/1000 for women aged 40 to 44 years and 0.5/1000 for women 45 to 54 years as compared to 103.6/1000 for women aged 20 to 24 years and 113.6/1000 for women aged 25 to 29 years. [32]

There are multiple factors, both physiological and acquired that contribute to this diminished fertility with increasing age. Acquired pathology contributing to infertility, particularly tubal disease, accumulates over time. The structural lesions that increase with advancing age, such as uterine fibroids, endometrial polyps and endometriosis may also play a role in decreased fertility. Ovarian oocyte reserve declines with increasing number of ovulatory cycles.

Considering how common the problem is, it is surprising that the literature is not more replete with information on the subject and it certainly deserves a review. There is no doubt that the elderly primigravida is somewhat more likely to encounter complications which are the result of the natural process of growing older.[2]

But, even more important is the fact that her dwindling chances of future pregnancies put more of a premium on the present one. Furthermore, her endurance and her resistance to disease are not those of a woman in her early 20's and she is therefore likely to require help earlier. A long history of antecedent infertility serves only to magnify this point. Not withstanding all this, the majority of these patients, properly supervised, are capable of safe and successful pregnancy.

Early pregnancy Issues:

The risk of aneuploidy rises significantly with advancing maternal age. Normal physiology predicts higher rates of aneuploidy with ageing. Oocytes reach metaphase1 during the fetal period and remain aligned on the metaphase plate until the oocyte is stimulated to divide, just prior to ovulation. Errors accumulated over time seem to increase the risk of non – disjunction, leading to unequal chromosome products at completion of division. Aneuploidy reduces implantation rates and result in abnormal development of implanted embryos.[32]

A prospective cohort study of women with recurrent miscarriage in which pre-implantation genetic diagnosis (PGD) and In vitro fertilization (IVF) was performed showed an aneuploidy rate of 43.9% for patients younger than age 37 years and 67% in patients older than 37 years.

DEMOGRAPHIC CHARACTERISTICS AND MEDICAL HISTORY BY PARITY AND MATERNAL AGE :

	Nulliparous			**Multiparous**		
	20-29 years	40+years	p	20-29 years	40+years	p
H/o Infertility	3.6%	20.3%	<0.01	1.3%	6.8%	<0.01
H/o IVF use	0.3%	8.7%	<0.01	0.2%	2.3%	<0.01
H/o SAB	11.8%	34.4%	<0.01	19.5%	41.1%	<0.01
Hypertension	0.5%	0.9%	NS	0.6%	2.1%	<0.01
Diabetes	0.3%	0.5%	NS	0.5%	0.8%	NS
Cardiac	2.2%	3.9%	<0.01	1.9%	4.1%	<0.01
Leiomyomas	1.1%	10.1%	<0.01	1.1%	4.6%	<0.01

*SAB - spontaneous abortion

Adapted from Bianco et al

First Trimester complications:

Older women are at increased risk. Data from the FASTER (First and Second Trimester Evaluation of Risk) trial, in which approximately 30,000 women at 10 to 14 weeks of gestation were enrolled in a prospective multicenter investigation of singleton pregnancies, revealed increasing rates of both threatened abortion and miscarriage with advancing maternal age. [32]

Although the rates found in this studies likely underestimate true incidence (as women with losses prior to 10 to 14 weeks were never enrolled), adjusted odds ratio for miscarriage were 2.0(95% CI 1.5 – 2.6) for women aged 35 to 39 years and 2.4 (95% CI 1.6 – 3.6) for women aged above 40 years when compared with women under age 35 years.

PERCENTAGE LOSS BY MATERNAL AGE AT CONCEPTION

Maternal age (years)	Spontaneous abortions (%)	Ectopic pregnancies (%)	Stillbirth rate/1000
12-19	13.3	2.0	5.0
20-24	11.1	1.5	4.2
25-29	11.9	1.6	4.0
30-34	15.0	2.8	4.4
35-39	24.6	4.0	5.0
40-44	51.0	5.8	6.7
≥45	93.4	7.0	8.2

Adapted from figures 2,4,5 in Nyobo Andersen et al.

Tan NH, Yahya et al did a case control study involving 350 pregnancies and found the results of spontaneous abortion as follows

Relative Risk (RR)	**Age (years)**
1-61	30-39
3.68	>40

In women below 30 years, in relation to career women, the RR of spontaneous abortion for house wives was 0.45.

The leading cause of death in early pregnancy, ectopic gestation, remains one of the most significant obstetric complications. There is increased risk of ectopic pregnancy with advancing maternal age. Older data suggested up to 8 fold increased risk of ectopic pregnancy in women above 35 years compared to younger women. The rate of ectopic pregnancy in women aged 40 to 49 years (42.52/1000 pregnancies, 95% CI 36.39 – 48.75) roughly 4 times that of women aged 15 to 19 years (12.55/1000 pregnancies, 95% CI 10.42 – 14.68).[32]

More recently, paternal age was identified as a risk factor for miscarriage. A large multicenter European study reported that the risk of miscarriage is highest for couples in which the woman is 35 years or older and the man is 40 years of age or older.[20]

[21]Most trisomies are the result of meiotic error as a result of maternal advanced age. However gonadal mosaicism and sperm aneuploidies also increase the risk of trisomic conceptions. The risk of sex chromosome monosomy and polyploidy conceptions do not increase with maternal age.[22]

The prevalence of Down's syndrome rises from about 2/1000 at the younger maternal age to about 2.1/1000 at age 30. It is 5.6/1000 at age 35,15.8/1000 at age 40 and 53.7/1000 at age 45.[23]

FIRST VERSUS SECOND TRIMESTER SCREENING FOR ANEUPLOIDY

The current American College of Obstetricians and Gynaecologists (ACOG) recommendation regarding screening for fetal aneuploidy is that women with singleton pregnancies who will be aged 35 years or older at delivery and with women with twin pregnancies aged 33 years or older at delivery should be offered prenatal diagnosis, and that all women should be offered screening. This recommendation is based on age – related risk of Down syndrome and represents a consensus opinion.

In the first trimester, chorionic villus sampling is recommended for diagnosis of aneuploidy. Amniocentesis is not recommended during the first trimester because of higher rates of pregnancy loss following the procedure compared with traditional (15-17 weeks) timing.

Late Pregnancy Issues

As women age, they have a greater opportunity to acquire conditions that can influence their health and the health of the fetus.Because of this women aged 35 years or older can expect to have twice the rates of ante partum hospitalization than the younger counterparts.The two most common medical problems complicating pregnancy are hypertension (pre-existing and pregnancy related) and diabetes(pre gestational and gestational).

Hypertension

Older women have a two fold higher risk of being diagnosed with this problem. Increasing age by itself favours hypertensive disease and reduces the resilience of the cardiovascular system as a whole. The incidence of preeclampsia in the general obstetric population is 3-4%. This increases to 5-10% in women aged 40 years and is as high as 35% in women over age 50 years.

Tysoe (1970) studied 41978 cases and found a strong correlation between age, hypertension and toxemia in elderly pregnancy. Sivalingam (1989) also found that PIH is the most common complication among 90 elderly primi out of 13,898 deliveries.

Ramsevak (1991) did a comparative study and found that elderly gravidae have increased risk of antepartum complication like preeclampsia.

H.P.Gupta presented a paper and his study period being 1 year from 1990 to 1991 at K.G.Medical college, Lucknow.(150 elderly vs 150 younger pregnancies). He showed a rise in the incidence of hypertensive disease in the elderly pregnancy (8.6% compared to 3.9%).

Bhum (1979) reported no increase in hypertension and toxemia with advancing maternal age. Booth and Williams (1964) found that the incidence of toxemia is more in the 20 to 24 year age group than in the older age group. The higher rate for 20 to 24 year age group could be due to the small number of deliveries in that age group which is less than 200.However except those two papers, all others show only an increasing incidence of hypertension and toxemia with advancing maternal age.

Yasin and Beylon (1988) also found occurrence of hypertension in the range of 16% in the elderly age group when compared to 2% in the general population. Spellacy and associates (1986) showed that women above 40 years had a three fold rise in PIH when compared to those between 20 to 30 years of age.

Lehman and Chism (1987) did a 3 year study at charity hospital and found an incidence of 13% when compared to 10% in the general population.

Achana (1995) did a study of obstetric performance of elderly pregnancy and compared with that of younger primigravida. The inference was

a 23.7% increase in the incidence of PET in the former vs 13.3% in the latter group.

Faunders .A, Fanjul et al studied for one year about the influence of age and parity on various parameters among 19,853 deliveries. According to their observation ,the frequency of toxemia of pregnancy remained the same from 15 to 29 years. Above 29 years,it progressively increased. By age 40,it was twice the level found in women under 30 years. Highest levels were found in nullipara and multi above 7 or more births. Lowest levels were found in parities 1 to 2.

The incidence of hypertensive syndrome increased in relation to age in all parity groups, when age and parity were jointly analysed but the influence of parity was not similarly consistent. With careful monitoring and appropriately timed intervention, maternal and fetal morbidity and mortality can be reduced, but this is associated with an increase in preterm birth, small for gestational age infants and caesarean delivery.

Anaemia

Anaemia is highly prevalent among poor urban pregnant women. Various socioeconomic and dietary factors may influence the anaemia and vitamin A status of these women. The pregnant women who were either illiterates or received only informal education (upto grade 10) had significantly lower haemoglobin levels than those who completed atleast a secondary school

certificate.Similarly women whose husbands were illiterate or received only informal education and those women from families with percapita income below poverty line had significantly lower haemoglobin and serum vitamin A levels.These results were derived from a cross sectional study among pregnant women in a poor urban population of Bangladesh.[5]

Diabetes Mellitus

The prevalence of diabetes increases with age. The rates of both pre-existing and gestational diabetes increase 3 to 6 fold in women 40 years of age or older compared to women aged 20-29 years.[32]

Diabetes during pregnancy could result in severe or fatal complications to mother or the unborn. They include polyhydramnios, preeclampsia, congenital anomalies, abortion, macrosomia, stillbirth, neonatal asphyxia and others stressing the importance of early detection and treatment of diabetes mellitus. GDM is the carbohydrate intolerance of variable severity first recognized during pregnancy.[6]

The risk factors for gestational diabetes (obesity, older than 30 years, arterial hypertension, glucosuria, previous GDM, family history of diabetes, family history of macrosomia) identify only 50% of pregnancies with gestational diabetes. Hence, it is necessary to screen all pregnancies.

Prevalence of GDM in Hispanic women in USA is 12.3%. Diabetes prevalence in Mexico is 2-6%.

A study was conducted with OGTT at Princess Margaret hospital, China with a group comprising of 187 and the age cut off being 30.5 years. In young women (age less than 30 years) with family history alone, the incidence of glucose intolerance was similar to that in the low risk pregnant population (12.5% and 6.3% for 8.0 mmol/l and 9.0 mmol/l cut off for 2 hours value of 75 gm OGTT respectively).[7]

In women aged above 30 years, the incidence of glucose intolerance raised by 3 fold(35.2% and 22.2% for 8 mmol/l and 9 mmol/l cut off respectively).

Dawn (1990) believe that there is more chance of unmasking of diabetes in pregnancy in later years. Geines et al (1981) showed that the frequency of diabetes did not increase among primi up to 38 years.

Kirz et al (1985) showed that rate of diabetes in primigravida of 35 years or more as 4.1% compared to multiparous controls of younger age group where it is only 1.7% .

Hyperemesis Gravidarum is somewhat more common. Much of this can be accounted for by the patient's very natural anxiety.

Placenta praevia

Placenta praevia increase dramatically with advancing maternal age. Women older than 40 years have a 9 fold greater risk than women under the age of 20 years, after adjusting for potential confounders, including parity.[24]

Gilbert et al did find a 10 fold increased risk of placenta praevia in nulliparous women 40 years of age or older when compared to women aged 20-29 years, although the absolute risk of this was small (0.25% vs 0.03%).[32]

Preterm Labor

Preterm labor is rather more likely. It can be spontaneous or iatrogenic. Studzinski.Z. observed that preterm delivery was more common in older mothers (19% vs 5%).The older mothers had an average of 5.1 antenatal visits. The rate of caesarean delivery was also more in older age group (40% vs 19%).[25]

Breech Presentation

There was a clear tendency to increased incidence of breech births with age, with lowest frequency in the 15-19 year age group and almost 7 times the frequency among 35 and above. The incidence of breech births also increase with parity.

Multiple pregnancy

The incidence of multiple pregnancy is more common with advancing age (2% at 35 years). A descriptive analysis from Germany concluded that among twins, the mortality is high in the neonatal period(RR5.16:CI;3.6 -7.5) and in twins born to mothers above the age of 35 years(RR 5.12; CI ; 3.5- 7.6)[27]

Fretts LC(1997) Usher et al observed that women over 35 years of age had an increased risk of unexplained fetal death(OR 2.2 ,95%CI 1.3 -3.8) from a retrospective study on the causes of 715 stillbirths and 822 neonatal deaths in 101640 births between 1961 and 1995. The incidence of dizygotic twinning increases with maternal age. The most important cause of multiple pregnancy in older women currently is conception with assisted reproductive technologies (ART) and ovulation induction(OI).

According to the CDC(2002), 0.7% of all 3.9 million births in the US in 1998 were the result of these techniques. More than half of this percentage were multiple infant births, which account for much of the morbidity from preterm delivery and neurological sequale.(Adashi and collaborates,2003,2004; Schieve and colleagues ,2002; Stromberg and associates 2002). Finally,Hansen and co workers (2002) reported that 8.6% of 301 infants conceived using ICSI and 9% of 837 infants conceived by IVF had major birth defects, compared with 4.2% in 4000 control women.

Leiomyoma

Because a patient is getting older, she naturally has more time to develop gynecological abnormalities, fibroids are likely to be the most common.

Dysfunction of Labor

Women 35 years or older are more likely to be delivered by caesarean section. The caesarean delivery rate in the general obstetric population of the US is almost 30%, compared to almost 50% in women aged 40-45 years and almost 80% in women aged 50-63 years .The reasons for this are multifactorial. There appears to be a linear relationship between dysfunctional labor and maternal age. There is also increased risk of medical complications, induction of labor and malpositions seen in older gravida

The duration of labor tends to be increased by about 25% on average. Much of this is due to the greater anxiety of the older woman facing labor for the first time. Some degree of inertia is common. Posterior positions of the occiput are very much more usual. The effects are troublesome and in about a third of cases, labor is prolonged. Inertia is also likely to complicate the case which has had labor induced. The response to induction tends to be unsatisfactory that one should have very good reasons for embarking upon it. It is said that labor may be adversely influenced by the impaired joint mobility which comes with increasing years. The significance of this is small compared

with the functional activity of the uterus and the elasticity of the soft tissues of the birth canal.

The perineum and lower vagina don't stretch well, so that episiotomy is often indicated. According to study by Wong et al, with 76 multiparous women of 40 years and older and 152 multiparous controls between 25 to 30 years, incidence of intrapartum fetal distress and caesarean section rate were significantly higher among older multiparae(6.6% vs 1.3%,1.3% ,$p<0.05$ and 5.3%vs 0.7% ,$p<0.05$ respectively)[29]

The inertia of first and second stages of labor is likely to obtrude into the third stage.

Manual removal of placenta is required more frequently and the co-existence of fibroids makes this operation more likely.

Signs of maternal distress in labor, as might be expected appear more readily in the older women. Delivery more often has to be assisted surgically. Only 40% of Miller's cases more than 40 years had spontaneous deliveries and 38% required forceps. The caesarean section rate was also increased 4 fold. The situation has not changed in modern times and certainly forceps will be required about 2 to 3 times as often in younger women.

Fetal Issues

Maternal age below 20 years and above 30 years were significantly associated with the risks of low birth weight and preterm birth. No association was found between maternal age and apgar score.[26]

However, Studzinski observed significant differences in apgar scores. The older mothers had an average of 7.9 at 1 min vs 9.0 of younger and 8.5 at 5 min vs 9.3 in the younger ones.[25]

Perinatal Morbidity

Advanced maternal age is responsible for a substantial proportion of the recent increase in rate of low birth weight (LBW) and preterm(PTD) delivery. Cnattingus et al in a large Swedish cohort study, found that nulliparous women aged 35 to 40 years with singleton gestations had a near 2 fold increased risk of preterm delivery. There is also a 1.7 fold increased risk of delivering a small for gestational age baby compared to women aged 20 to 24 years.

A US population based study also found a linear increase in the risk of delivering a LBW baby, with 2.3 fold increased risk for women above 40 years vs women aged 20 to 24 years(95% CI 1.6 -3.4) .

Perinatal Mortality

Historically, a significant proportion of Perinatal deaths seen in older women were due to lethal congenital and chromosomal anomalies. In

industrialized countries, this is largely due to non-anomalous fetal deaths and Perinatal losses with multiple gestations. There is also an increased risk of unexplained fetal death among older gravida, even after controlling risk factors such as diabetes, hypertension, antepartum bleeding and multiple gestation.

In a population based analysis of obstetrical outcome at the Royal Victoria hospital in Montreal, the older women were found to be at higher risk of fetal death compared to younger women (for women of 35-39 years as compared with women <30 years ,OR 1.9, 95% CI 1.3 -2.7 ; for those > 40 years ,OR 2.4 ,95%CI 1.3 -4.5) after controlling for potential confounders.

Jacobsson et al, in a large population based study from Sweden, reported higher rates of fetal and neonatal death in older mothers. The rates were 3.2 , 6.4, 11.6 per 1000 for women aged 20 -29, 40-44, and >45 years of age respectively.

Maternal Mortality

According to WHO, a maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of duration and site of pregnancy, from any cause related to or aggravated by pregnancy, or it's management but not from accidental or incidental causes.

Maternal mortality is higher in women aged 35 years and older but improved medical care may ameliorate this risk. From 1974 to 1978, older

women had a 5 fold increased relative risk of maternal death compared to that of younger women. By 1982, the mortality rates were reduced by 50%, probably due to improvements in health care (Buchler and colleagues(1986).[28]

Through improved medical care and other facilities, there is a marked reduction in maternal mortality. Rochat (1981)has shown that MMR (USA) is age related and a fourfold increase for women in their late 30's and 8 fold increase in their late 40's.

In many countries, women do not have access to maternity hospitals or to skilled professionals for delivery. The WHO estimates that 46% of the 140.7 million deliveries that occur annually worldwide, take place in a health facility. In Europe and US, nearly all of the roughly 2.5 million births take place in a health facility. Only 36% of the 30,730,000 annual deliveries in Africa occur in a health facility.[30]

There are striking differences in the institutional deliveries between the large nations of SE Asia such as China with 51% and India, 26%. On the other end of the distribution are Pakistan(13%), Afghanistan(5%) and Bangladesh (5%) where maternal mortality is high.[30]

While advancing maternal age is associated with increased risk of maternal mortality, in industrialized countries this is still a rare event. The obstetrically related causes of death in the US from 1991 to 1997, for women aged 26-29 years was 9/100,000 live births, the risk for women aged 35-39

years was 21/100,000 live births and 46/100,000 live births for women older than 40 years.

The most common causes of death were related to hypertension, haemorrhage and thromboembolism.

With 16% of world's population, India accounts for 20% of the world's maternal deaths. In Asia, only Bangladesh and Nepal have a higher mortality than India. Even within the country, Kerala and Tamilnadu have lower maternal mortality as compared states like Rajasthan and Uttar Pradesh. Around 20% of maternal deaths in India are due to indirect causes.

During the last three decades, significant changes took place in medicine. The birth of chemotherapy and antibiotics, availability of blood transfusion services, improvements in anaesthesia and surgical techniques were some of the significant breakthrough in medicine. The impact of such advances had been significant in all fields of medicine including obstetrics and this is reflected in the reduction in maternal mortality rate.[31]

OBSERVATION AND DISCUSSION

The Study Period is between September 2006 to August 2007. During this period, the total number of pregnancies that took place in Govt. R.S.R.M. Lying in Hospital, Chennai is 13,592.

The number of pregnancies above 30 years is 407. So, the incidence of pregnancies above 30 years is 2.99%.

NUMBER OF PREGNANCIES BETWEEN SEPTEMBER 2006 TO AUGUST 2007

Total No. of Pregnancies	13,592
Total No. of Pregnancies > 30 years	407
Incidence	2.99%

There appear to be a slight decrease in the incidence of pregnancy above 30 years after 2003 from 4.03% (2003) to 2.99% (2006) .

The incidence of pregnancy above 30 years was 2.87% in 2000, 4.03% in 2003 and 2.99% in 2006 to 2007.

AGE

The table below shows the mean age among the groups studied.

Group	Number	Mean ± SD	S.E.	95% of LCL	95% of UCL
I	250	33.576 ± 18.393	1.1633	31.2959	35.85603
II	250	24.08 ± 2.388	0.15105	23.783	24.37606

In our study, Group-I which comprises of pregnant patients above 30 years had the mean average age of 33.576 +/- 18.393, while in Group 2, the control group had a mean average age of 24.08 +/- 2.388.

The trend of pregnancy above 30 years during the study period is similar to that in 2000 (3%) while it was 4% in 2003.

GRAVIDA

The table given below shows the number of patients in either groups according to their gravida score.

Gravida score	Group I	%	Group II	%	Total	%
I	46	18.4	113	45.2	159	31.8
II	80	32	94	37.6	174	34.8
III	74	29.6	34	13.6	108	21.6
IV	25	10	4	1.6	29	5.8
≥V	25	10	5	2	30	6

P = 0.0000, significant

Chi square = 72.71

In our observation, the majority of pregnant females above 30 years were second gravidae (G 2) in group 1. In group 2, the majority were primi gravidae . While comparing the two groups, there is a significant increase in the gravida score in the study group (GP 1). This could probably because our hospital caters to low socio economic class of people with majority of them uneducated or their educational status less than secondary school. They have poor knowledge about contraceptive usage or family planning accounting for the grand multiparity. There also appear to be less spacing between pregnancies in group 1 with only few patients having a history of sub fertility.

ABORTION

The following table figures out the incidence of early pregnancy loss (miscarriages) in our study.

No. of Abortion	Group I	Group II	Total
NIL	187 (74.8%)	229 (91.6%)	416 (83.2%)
1	38 (15.2%)	13 (5.2%)	51 (10.2%)
2	18 (7.2%)	6 (2.4%)	24 (4.8%)
3	2 (0.8%)	2 (0.8%)	4 (0.8%)
≥ 4	3 (1.2%)	0 (0%)	3 (0.6%)
	250	250	500

P = 0.0000046 (Significant)

Chi-square (X^2) = 27.4952

There is a significant increase in the risk of miscarriage with advancing age. This correlates well with FASTER trial and other western studies. The incidence of spontaneous abortion ranges from 15% to 93% (according to Nyobo Anderson et al.,) in pregnancy above 30 years, while it is around 11% in pregnancy below 20 years. In our study, the incidence of spontaneous abortion is about 15.2% in group I and 5.2% in group II which is statistically significant. Most of the miscarriages were missed abortion (Blighted ovum) followed by incomplete abortion. There were few patients in group I who also opted for medical termination of pregnancy with concurrent sterilisation.

PREVIOUS LSCS

This table shows the number of patients with previous caesarean section scar.

H/o. LSCS done	Group I	Group II	Total
NIL	184 (50%)	206 (82.4%)	390 (78%)
+	66 (26.4%)	44 (17.6%)	110 (22%)
Total	250	250	500

P = 0.017545 (Significant)

In our study, the incidence of previous lscs in group 1 is 26.4% and 17.6% in group 2, which is statistically significant. Reasons are multifactorial.

Patients who had their first pregnancy in late twenties with delivery by caesarean section came back for their second pregnancy, after good spacing. Many patients were not willing for puerperal sterilization following labour naturale. These patients land up in unplanned pregnancy thereby increasing the gravida score.

Patients who were elderly gravidae with co-existing medical complications and history of infertility or sub fertility were also toppers for lscs.

The obstetricians and patients have a low threshold to perform a caesarean delivery in older women and hence we see a growing acceptance of primary elective caesarean deliveries.

DURATION OF MARRIAGE

This table depicts the mean duration of marriage in either groups.

Group	Mean ± SD
I	8.244 ± 5.023685
II	3.284 ± 2.371887

P = 0.00000, SIGNIFICANT

This column signifies that the patients in group 1 are married for a longer time than those in group 2. The mean duration of marriage was 8-9 years in the study group and 3-4 years in the control group. There are two possibilities. Many patients have a history of infertility. While the others give birth successively to children without adopting contraceptive practices and hence enter into our study group with pre –pregnancy anaemia as well.

DURATION OF INFERTILITY

This column given below depicts the occurrence of infertility in our study.

No. of Years of Infertility (Years)	Group I	Group II	Total
No infertility	198 (79.2%)	235 (94%)	483 (86.6%)
≤ 5	35 (14%)	12 (4.8%)	45 (9%)
6 - 10	13 (5.2%)	3 (1.2%)	16 (3.2%)
11 - 15	4 (1.6%)	0 (0%)	4 (0.8%)
	250	250	500

P = 0.00001812, Significant

Chi square = 24. 67

Fertility declines with advancing age of the mother. In our study, there is a significant history of infertility in the group 1 category (14%, 5.2%) when compared to group 2 (4.8%, 1.2%) .

Although many studies prove that delayed marriage and deferred childbearing are becoming trend of the era, we still observe that in this class of people, late marriage has still not become a common practice.

HEIGHT

This table shows the height of the patients studied.

Category	Group I	Group II	Total
1	30 (12%)	31 (12.4%)	61 (12.2%)
2	188 (75.2%)	165 (66%)	353 (70.6%)
3	32 (12.8%)	54 (21.6%)	86 (17.2%)

P = 0.028115

Chi square = 7.14288

1 - <145 cm

2 - 145 - 155 cm

3 - >155 cm

In our study, the majority of patients in both groups belong to category 2 (145 to 155 cm). This indirectly implies the influence of nutrition.

EDUCATION

This table shows the educational status of the patients involved in our study.

Category	Group I	Group II	Total
NIL	90 (36%)	55 (22%)	145 (29%)
Primary School	27 (20.3%)	12 (4.8%)	39 (7.8%)
High School	69 (27.6%)	103 (41.2%)	172 (34.4%)
Higher Secondary Level	49 (19.6%)	59 (23.6%)	108 (21.6%)
University Level	15 (6%)	21 (8.4%)	36 (7.2%)
	250	250	500

We observe that 36% of patients in group 1 were illiterates with only 6% having entered the university. But it is the higher educational standards attained that accounts for the significant increase in pregnancy above 30 years in the higher socio economic strata.

The majority of patients in group 2 have high school level of education.

SOCIO ECONOMIC STATUS

This table below shows the socio - economic status of the patients involved in our study.

Category	Group I	Group II	Total
I	0	0	0
II	0	0	0
III	8 (3.2%)	15 (6%)	23 (4.6%)
IV	50 (20%)	55 (22%)	105 (21%)
V	192 (76.8%)	180 (72%)	372 (74.4%)
	250	250	500

P = 0.358919

The majority of patients in both groups comprise of people belonging to socio economic class 5 there by signifying their level of lifestyle, nutrition, educational status, affordability, knowledge and ideas.

BOOKING STATUS

This table below shows the booking status of the patients involved in our study.

Category	Group I	Group II	Total
Booked	206 (82.4%)	229 (91.6%)	435 (87%)
Unbooked	44 (17.6%)	21 (8.4%)	65 (13%)
Total	250	250	500

There is a significant proportion of unbooked patients in group 1 thereby stressing the need for good antenatal care. Since many of them are not educated and belong to socio economic class 5, they give least importance to AN care and visits. They spend most of their time in child bearing and house keeping. They land up in hospital for delivery only. To our surprise, at least one third of patients in group 1 were not actually investigated for infertility or at least bothered about their problem. They still believe in religious customs and were referred to us by peripheral health centers or voluntary workers while consultation for a unrelated common illness! This stresses the need for creating more public awareness at the rural level about the availability of medical services.

TYPE OF PREGNANCY

This column shows the percentage of unplanned and planned pregnancy in either groups.

Category	Group I	Group II	Total
Planned	172 (68.8%)	225 (90%)	397 (79.4%)
Unplanned	78 (31.2%)	25 (10%)	103 (20.6%)
Total	250	250	500

Although most of the pregnancies in both groups are planned, there is a significant number of unplanned pregnancies in group I. This implies the need for proper advice regarding contraceptive practices but many patients consider it a religious taboo!

PERIOD OF GESTATION

This table shows the period of gestation of the patients at the time of delivery.

Category	Group I	Group II	Total
Preterm (< 36 weeks)	84 (33.6%)	67 (26.8%)	151 (30.2%)
Term (37-40 weeks)	156 (62.4%)	149 (59.6%)	305 (61%)
Postdated (> 40 weeks)	10 (4%)	34 (13.6%)	44 (8.8%)
	250	250	500

P = 0.00050917, Significant

Chi-square = 15.17

The majority of patients in both groups deliver at term but there is a definite increase in the incidence of preterm delivery (33.6%) in group 1 when compared to group 2 (26.8%) .This correlates with that of the study by Salihu et al. But the preterm column shown above include all pregnancies less than 36 weeks including those less than 24 weeks. The actual incidence of viable preterm pregnancies (28-36 weeks) in either groups is 59.2% Vs 54.8%.

The incidence of prolonged pregnancy appear to be higher in group 2 (13.6%vs 4%) This is probably because most of these are first pregnancies with

utmost care from the family members and the patients lead a sedentary life style throughout the pregnancy.

COMPLAINTS AT ADMISSION

This table shows the most common complaints at admission.

Variant	Group I	Group II	Total
Safe confinement	70 (28%)	66 (26.4%)	136 (27.2%)
Pain	119 (47.6%)	158 (63.2%)	267 (53.4%)
Draining	29 (11.6%)	26 (10.4%)	55 (11%)
PIH	10 (4%)	2 (0.8%)	12 (2.4%)
Anaemia	6 (2.4%)	0 (0%)	6 (1.2%)
Preterm labour	1 (0.4%)	0 (0%)	1 (0.2%)
Bleeding PV	34 (13.6%)	16 (6.4%)	50 (10%)

As we see, labor pain is the most common reason for admission (47.6% vs 63.2%). With the gain of knowledge about advantages of institutional delivery and NICU care, safe confinement ranks the second (28% vs 26.4%).

Bleeding pv includes both h/o show and antepartum hemorrhage (13.6% vs 6.4%).

Since our's is a tertiary institution, there were also referrals of PIH and anemia.

ANTENATAL COMPLICATIONS

This table list out the common complications in the antenatal period of the patients involved in our study.

Variant	Group I	Group II	Total
NIL	134 (53.6%)	160 (64%)	294 (58.8%)
PROM	8 (3.2%)	12 (4.8%)	20 (4%)
PIH	56 (22.4%)	45 (18%)	101 (20.2%)
Anaemia	19 (7.6%)	10 (4%)	29 (5.8%)
GDM	10 (4%)	4 (1.6%)	14 (2.8%)
Preterm labour	13 (5.2%)	18 (7.2%)	31 (6.2%)
Placenta Praevia	9 (3.6%)	3 (1.2%)	12 (2.4%)
Abruption	3 (1.2%)	0 (0%)	3 (0.6%)
BOH	10 (4%)	7 (2.8%)	17 (3.4%)
Multiple Pregnancy	4 (1.6%)	3 (1.2%)	7 (1.4%)
Fibroid	3 (1.2%)	0 (0%)	3 (0.6%)
Heart disease	4 (1.6%)	1 (0.4%)	5 (1%)
Hypothyroidism	2 (0.8%)	0 (0%)	2 (0.4%)

Among the antenatal complications, hypertension complicating pregnancy is the most common complication (22.4% vs 18%) correlating with that of the study by Achana et al (1995). Anemia has an incidence of 7.6% vs 4% respectively in group 1 and 2.

This could be probably because of poor nutrition, negligence in taking iron supplements, increasing parity with less spacing and low percapita income compromising again her nutrient intake.

The incidence of GDM is 4% vs 1.6%, which is similar to the incidence in Mexico (2 -6%). It also correlates with that of the study by Kirz et al (4% vs 1.7%).

The incidence of multiple gestation is not statistically significant among the groups (1.6% vs 1.2%).

Placenta previa occurs more commonly with advancing age and increasing parity. (3.6% vs 1.2%). The incidence of abruption is 1.2%. The fibroids occur in about 1.2% of pregnancies in group 1. This was diagnosed while investigating for infertility or as an intra operative finding.

The incidence of heart disease is more with group 1. This might be because of the negligence in contraceptive measures, medical illness procuring permanent sterilization or social grounds, heart disease being the reason for delay in marriage.

MODE OF DELIVERY

This table depicts the number of patients and their pregnancy outcome.

Type of delivery	Group I	Group II	Total
LN with epi*	36 (14.4%)	79 (31.6%)	115 (3%)
LN	49 (19.6%)	45 (18%)	94 (18.8%)
Instrumental	8 (3.2%)	14 (5.6%)	22 (4.4%)
LSCS	126 (50.4%)	94 (37.6%)	220 (44%)

* Labour naturale with episiotomy

There is definitely an increase in the incidence of caesarean delivery in group 1 (50.4% vs 37.6%). This is closer to that of Studzinski (40% vs 19%). This is followed by labor naturale (19.6% vs 18%).

Pregnancy outcome	Group I	Group II	Total
D&C	31 (12.4%)	18 (7.2%)	49 (9.8%)
Salpingectomy	2 (0.8%)	0 (0%)	2 (0.4%)

Among the abnormal pregnancy outcome, the incidence of early pregnancy loss and D&C is more in the study group (12.4% vs 7.2%). The former also has an increased rate of ectopic pregnancy (0.8%) for which salpingectomy was done.

INDICATIONS FOR LSCS

The following table lists out the common indications for which caesarean section was performed.

This table shows the educational status of the patients involved in our study.

Indications	Group I	Group II
Fetal distress	14 (5.6%)	20 (8%)
CPD*	41 (16%)	18 (7.2%)
Previous LSCS	48 (19.2%)	35 (14%)
Breech	4 (1.6%)	13 (5.2%)
Infertility	27 (10%)	2 (0.8%)
Placenta praevia	16 (6.4%)	1 (0.4%)
Oligohydramnios severe PIH / BOH abruption**	39 (15.6%)	32 (12.8%)

* Cephalopelvic disproportion

** Pregnancy induced hypertension / Bad obstetric history

The commonest indications for caesarean delivery include previous lscs (19.2% vs 14%), CPD (16% vs 7.2%), oligohydramnios and others (15.6% vs 12.8%).

Breech for which lscs was done is more often in a primi since many of the multi have successful assisted vaginal delivery. (5.2% vs 1.6%)

Dysfunctional labor is more common in elderly gravidae and many of them land up in operative delivery. The incidence of intrapartum fetal distress in our study is (5.6% vs 8%) whereas according to Wong et al it is about 6.6%.

Analysing the duration of labor, there is no significant difference between the two groups. This is in contrast to the western studies, which show a 25% increase in the duration of labor in the study group. Dysfunctional labor and caesarean section are commonly seen in elderly gravidae, when compared to her younger counterparts.

The incidence of postpartum hemorrhage is on the slightly higher side in group 1 when compared to control group probably because of prolonged labor, increased incidence of placenta previa, etc.

PERINATAL OUTCOME

The table below shows the mean birth weight of babies born in either groups.

Category	No. of babies born	Mean birth weight ± SD
Group I	255	2.364 ± 1.20869
Group II	255	2.576471 ± 1.115847

(including twin and triplet delivery)

P = 0.040324, significant

In our study, there is a significant increase in the incidence of low birth weight babies in the study group when compared to control group. The mean birth weight in group 1 is 2.364 +/- 1.20 kg, while it is 2.57 +/- 1.12 kg in group 2.

NEONATAL MORTALITY

This table shows the difference between the incidence of neonatal deaths in both groups.

Category	Neonatal death	Live Birth	Total
Group I	31 (12.15%)	219 (85.8%)	255
Group II	18 (7.05%)	232 (90.98%)	255

P = 0.0505, Significant

Chi square = 3.82

In our study, as shown above , the incidence of neonatal deaths is more in group 1 when compared to group 2 .(12.15% vs 7.05%).

The incidence of congenital anomalies is 0.8% in group 1 which does not deviate from the general obstetric population. This observation is in contrast to the western studies.

NICU admission rate is more in group 1 when compared to group 2 (3.13% vs 1.56%).

MATERNAL MORTALITY

There were two maternal deaths during our study period. Both of them were referred from outside at the last moment. One of them was in group 1. She had eclampsia with previous lscs and diabetes complicating pregnancy. Emergency lscs was done for her and she died on the 2nd post-operative day due to cerebrovascular accident (CVA).

The other death was in the control group. She was a case of PIH and developed HELLP syndrome with DIC. Thus maternal mortality does not differ significantly in either groups.

CONCLUSION

The scientific era we are living in offer new opportunities to women equivalent to men there by compromising their family life to a certain extent.

Although educated and professional women prefer late marriage and delayed child bearing (according to western studies), our hospital does not see any acute increase in the incidence of pregnancy above 30 years after 2003.

There is definitely a significant increase in the incidence of complications in pregnancy beyond 30 years .The most common complications to list include Hypertension, Anemia, GDM, Ante partum hemorrhage

There is an increased risk of early and late pregnancy loss. The babies are frequently small for dates.

The occurrence of labor dysfunction and operative deliveries are also more. Though one third of women above 30 years give a history of infertility, many others are multiparae with unbooked and unplanned pregnancy with complications unattended.

Hence, advancing maternal age definitely has more disadvantages than advantages. If on social or medical grounds, pregnancy above 30 years is unavoidable, then the adverse outcome is lessened by proper AN care, nutitional supplements, diagnostic imaging, appropriate investigations and delivery in a tertiary institution with proper NICU facilities. Afterall, this

pregnancy above 30 years is definitely a high risk entity and for her to conceive again, may be a lot more struggle again.

Let’s work together for a successful pregnancy, a healthy mother, a healthy baby and dream for a wealthy India.

PROFORMA

Sl.No. :

Name : Age : I.P.No.

Religion: Occupation Income Educational Status

Date of Admission :

Date of Delivery :

Date of Discharge :

Obstetric Formula : LMP
EDD

Complaints At Admission :

Menstrual History

Age at Menarche
cycles :

Material History

- Married / Unmarried
- Age at Marriage
- Consanguinity
- Husband's Age
- Husband's Occupation

OBSTETRIC HISTORY

Pregnancy Order	POG	MOL	Outcome	Complications	Breast Feeding

POG – Period of Gestation

MOL – Mode of Labour

Knowledge of HIV :

- Yes/ No
- Screening Done – Yes/ No

Present Pregnancy

* Planned / Unplanned
* Confirmed At _____GA, By _____
* Ist AN Visit - POG
* Place – Govt/Pvt.
* Total No. of AN Visits
* No. of Visits in Last Trimester
* Immunisation & Prophylactic FE & FA Supplementation
* Knowledge of Health Care Services

History

Any Infection -
Surgery -
Seizures -
Asthma -
DM -
HT -

Personal History

Diet –

Smoking / Tobacco

Family History :

Any AN complications & Their Management.

(PIH / ANAEMIA/APH/HYPEREMESIS/HYDRAMNIOS/ECLAMPSIA/etc.)

Onset -

Severity -

Course of Pregnancy thereafter -

Treatment given -

Examination

Ht- Temp - PR - BP-

Wt - Breast / Thyroid

Anaemia - CVS –

Pedal Edema - RS –

Obstetric Examination :

P/A -

P/V -

Investigation :

Labour :

POG At the onsent of labour :

Type : Spontaneous / Induced

Progress of Labour :

Duration of Labour :

Mode of Delivery

LN / Forceps/Vaccum / Caesarean

Ind :

III Stage Complications :

Baby : Alive / Dead

Sex : F/M

B. Wt.

APGAR : 1 -

5 -

Complications

Congenital Malformations :

If admitted in NICU, Cause & Progress

Duration of Hospital stay :

At discharge :

Condition of Mother:

Baby :

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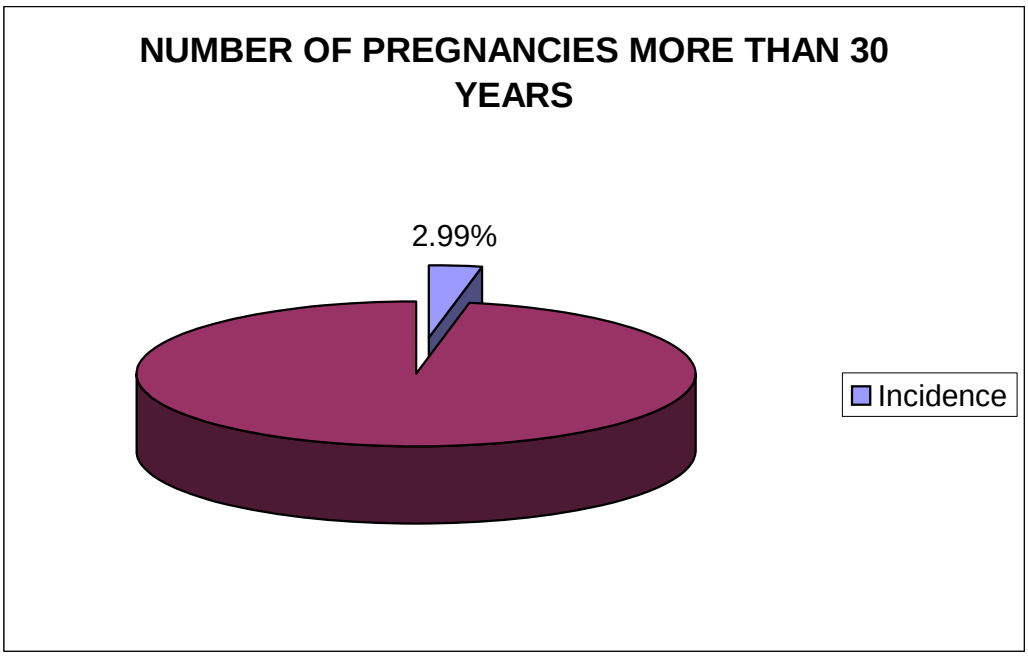
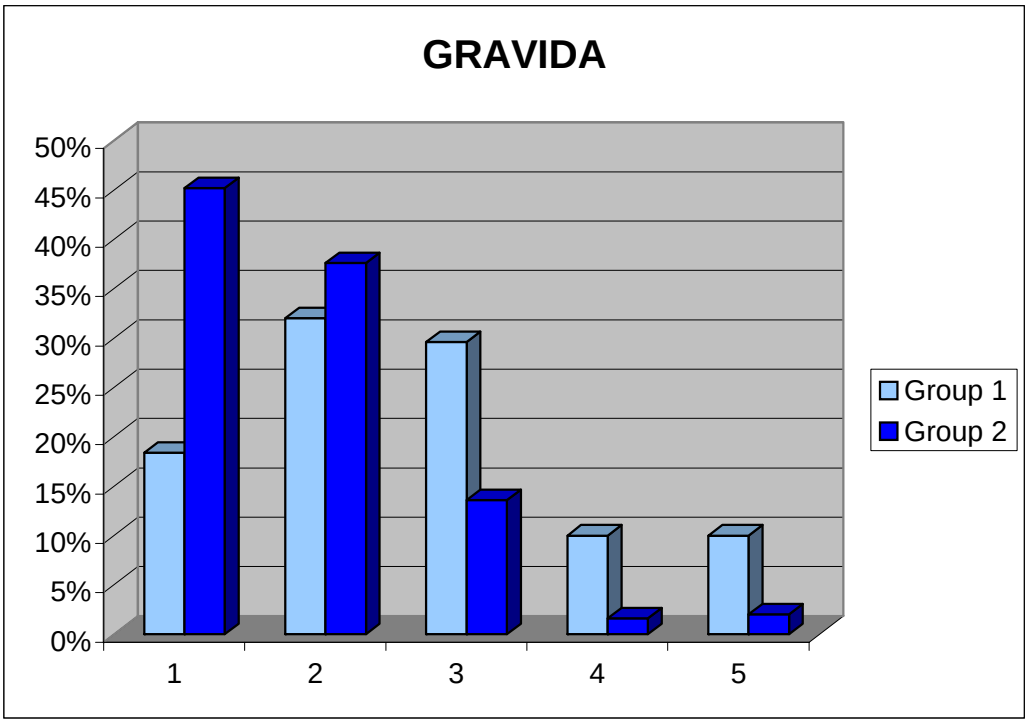
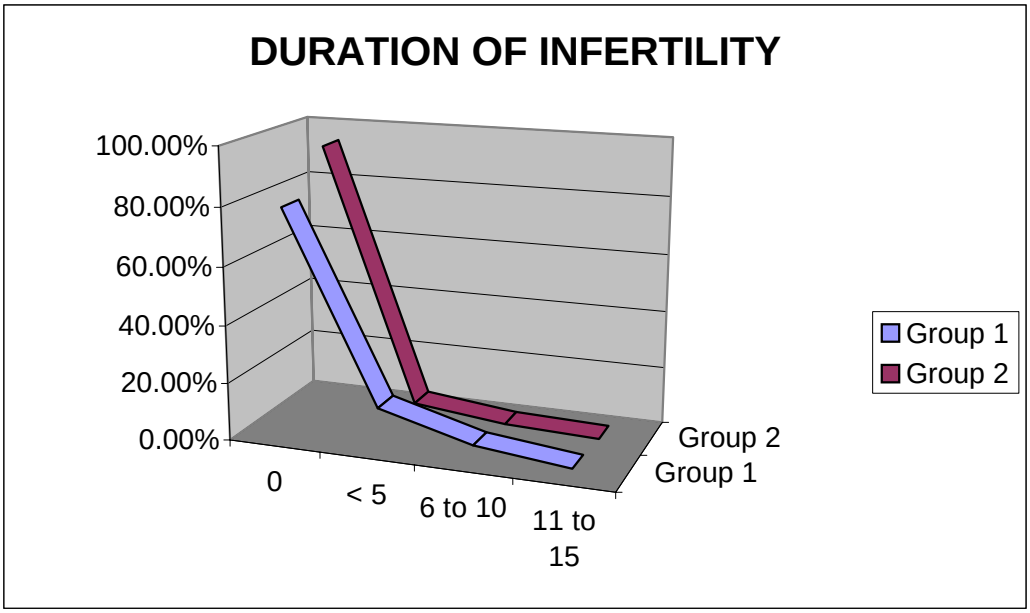
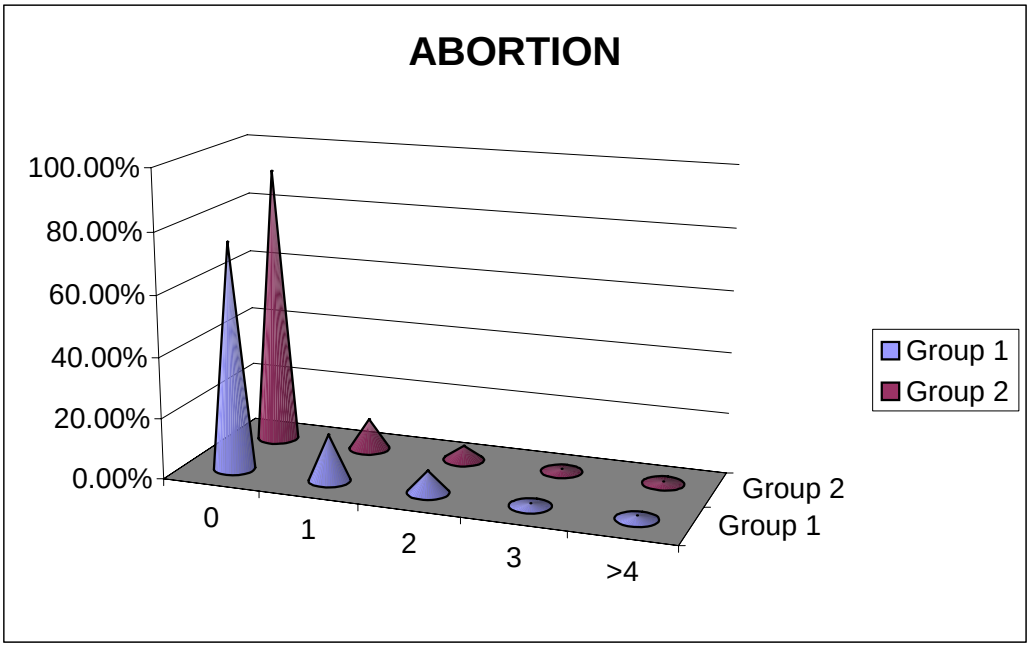
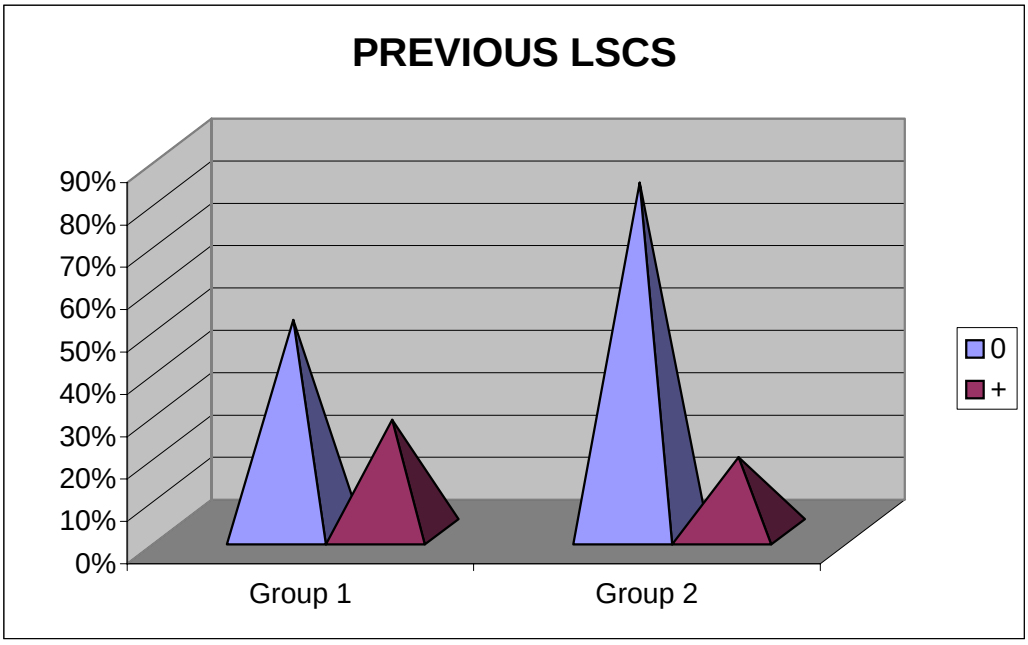
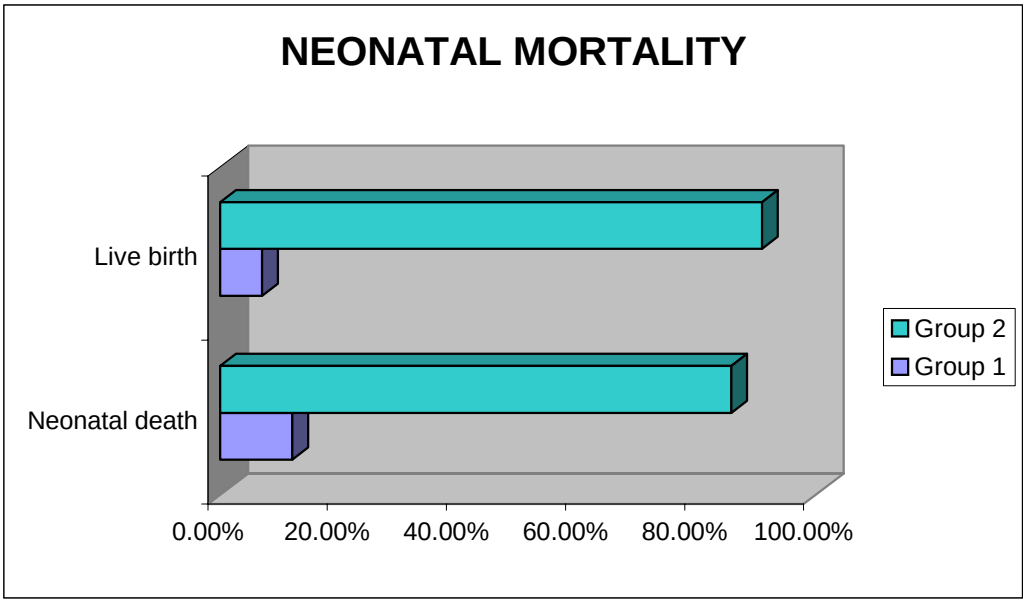

NUMBER OF PREGNANCIES MORE THAN 30 YEARS
2.99%
Incidence

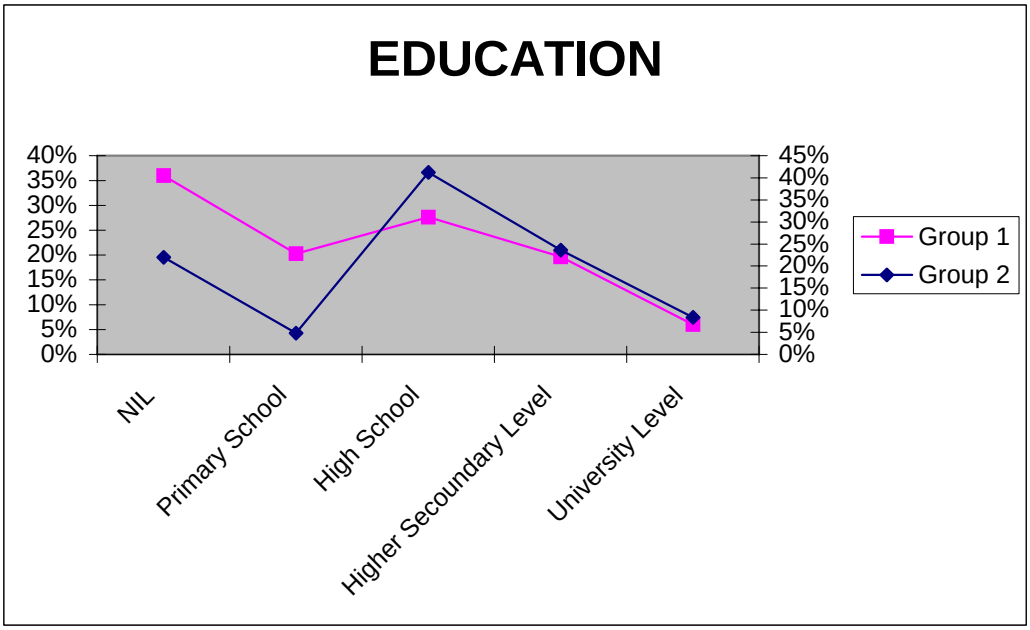

GRAVIDA
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1
2
3
4
5
Group 1
Group 2

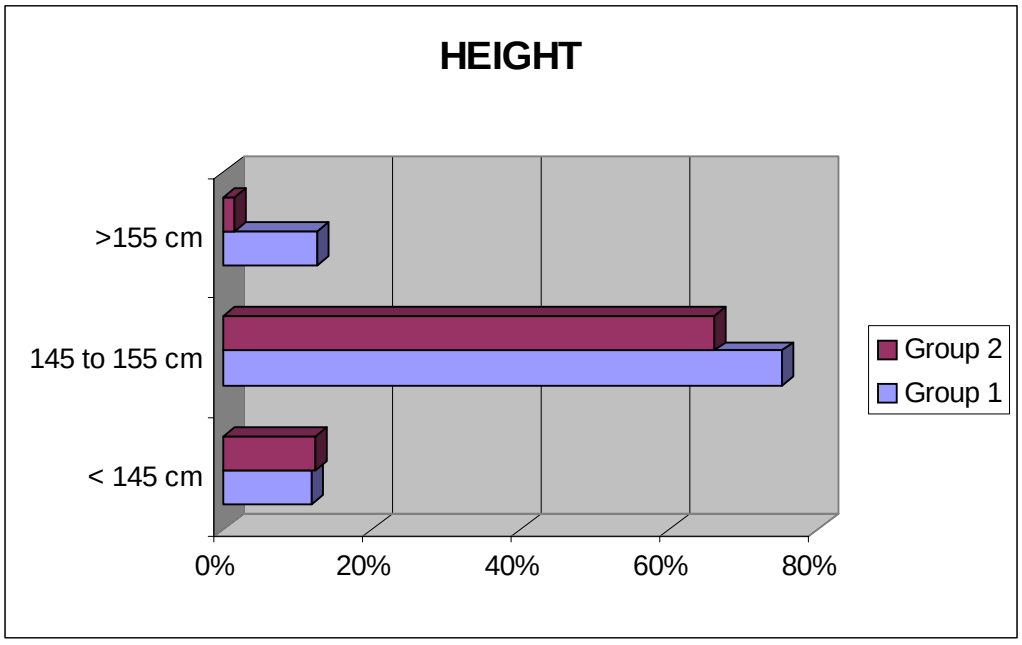

DURATION OF INFERTILITY
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
0
< 5
6 to 10
11 to 15
Group 2
Group 1
Group 1
Group 2

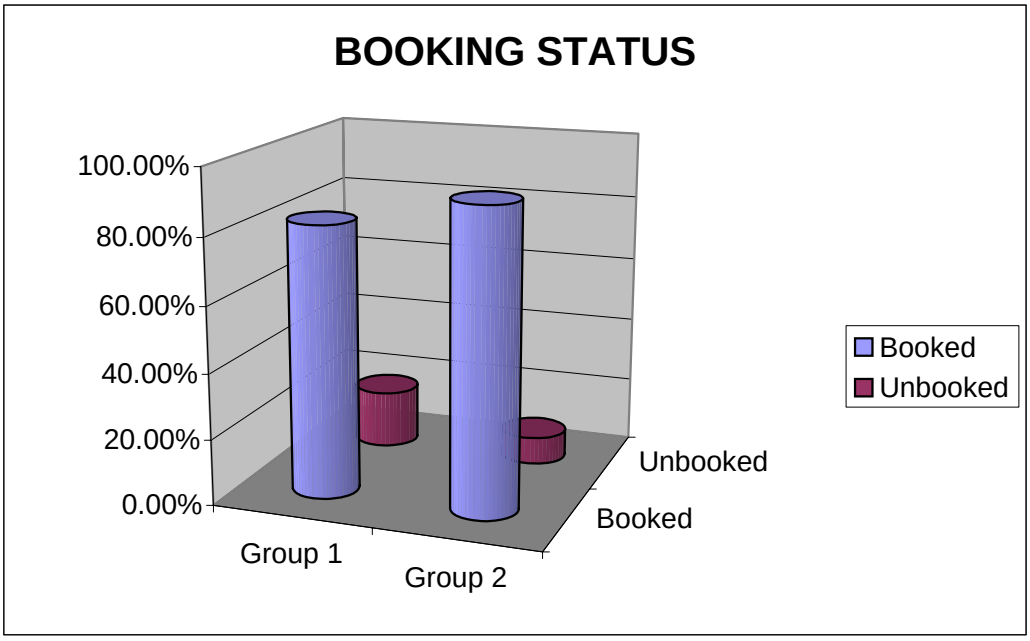

ABORTION
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
0
1
2
3
>4
Group 2
Group 1
Group 1
Group 2

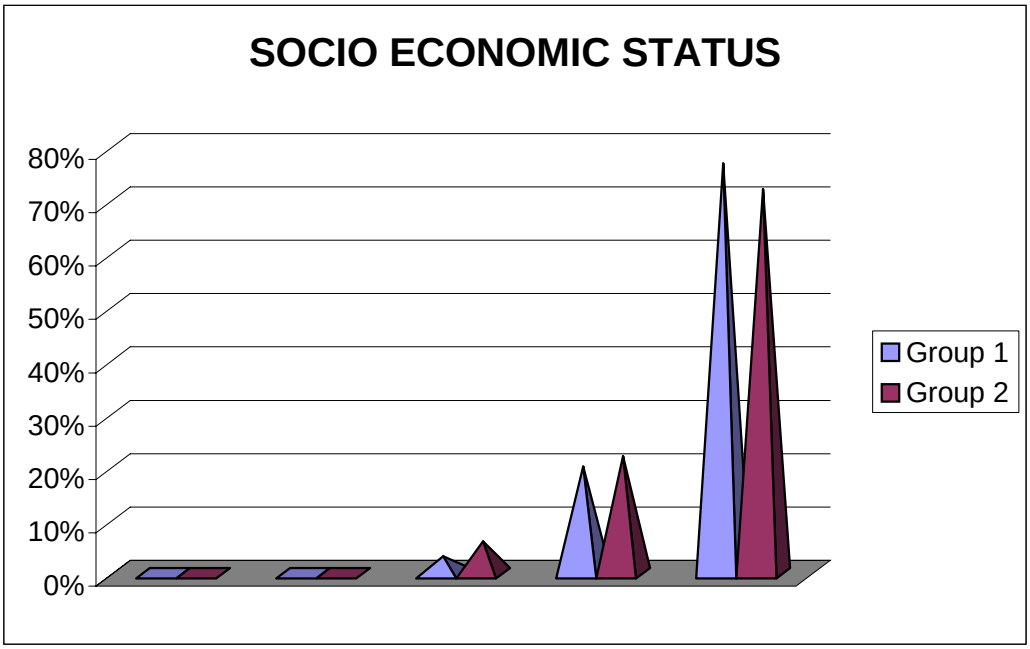

PREVIOUS LSCS
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Group 1
Group 2
0
+

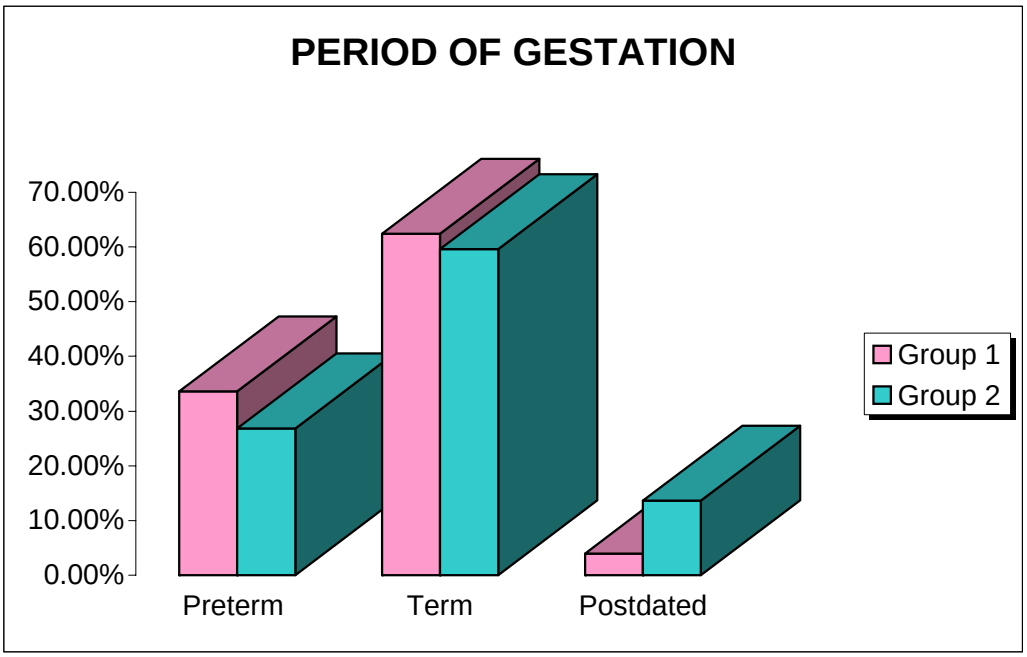

NEONATAL MORTALITY
Live birth
Neonatal death
0.00%
20.00%
40.00%
60.00%
80.00%
100.00%
Group 2
Group 1

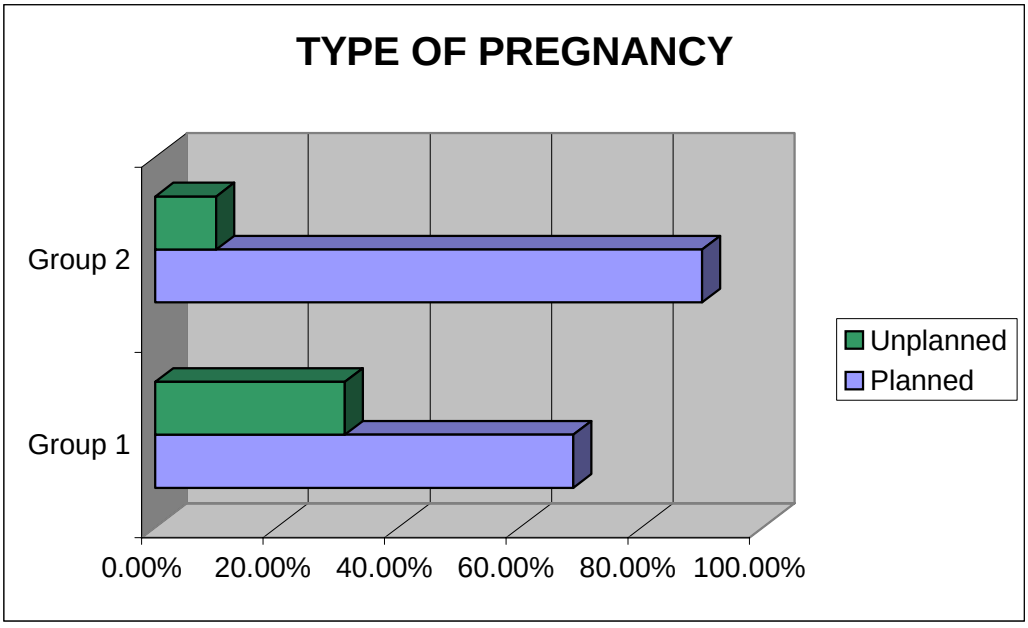

EDUCATION
40%
35%
30%
25%
20%
15%
10%
5%
0%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
NIL
Primary School
High School
Higher Secoundary Level
University Level
Group 1
Group 2


HEIGHT
>155 cm
145 to 155 cm
< 145 cm
0%
20%
40%
60%
80%
Group 2
Group 1

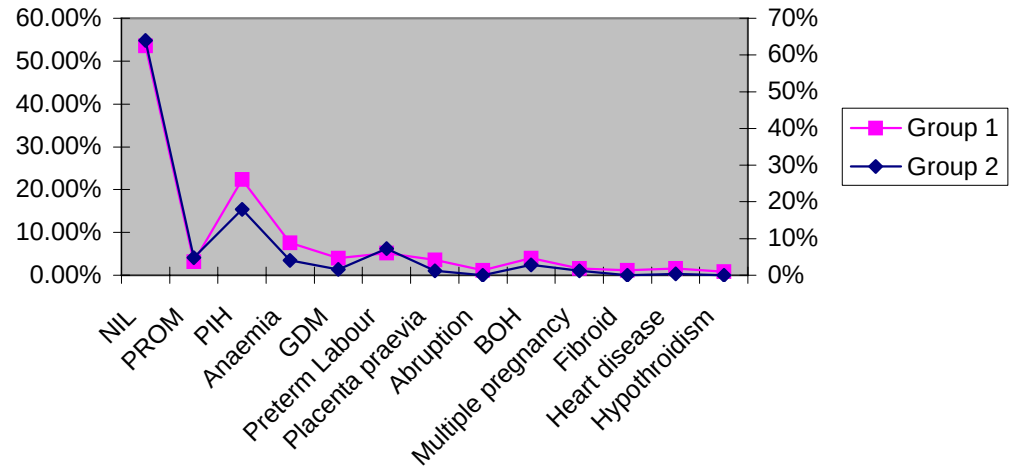

BOOKING STATUS
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
Group 1
Group 2
Unbooked
Booked
Booked
Unbooked


SOCIO ECONOMIC STATUS
80%
70%
60%
50%
40%
30%
20%
10%
0%
Group 1
Group 2

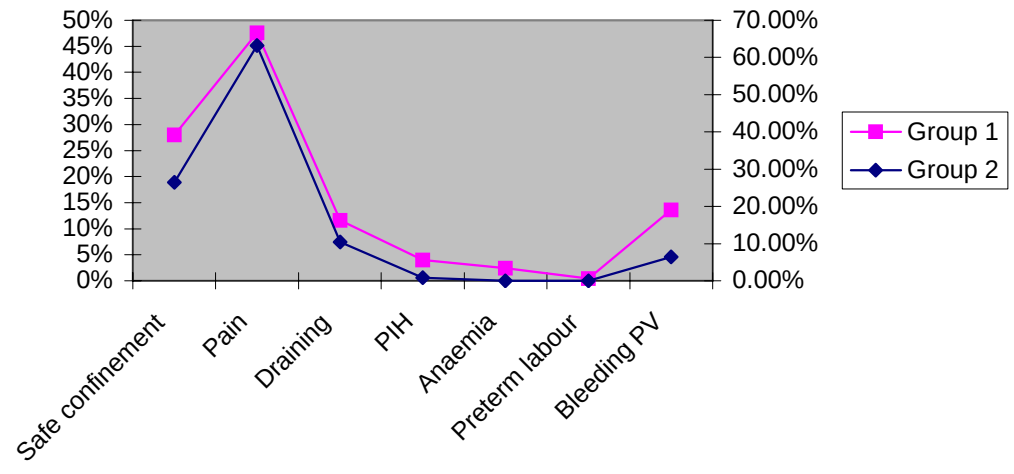

PERIOD OF GESTATION
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Preterm
Term
Postdated
Group 1
Group 2

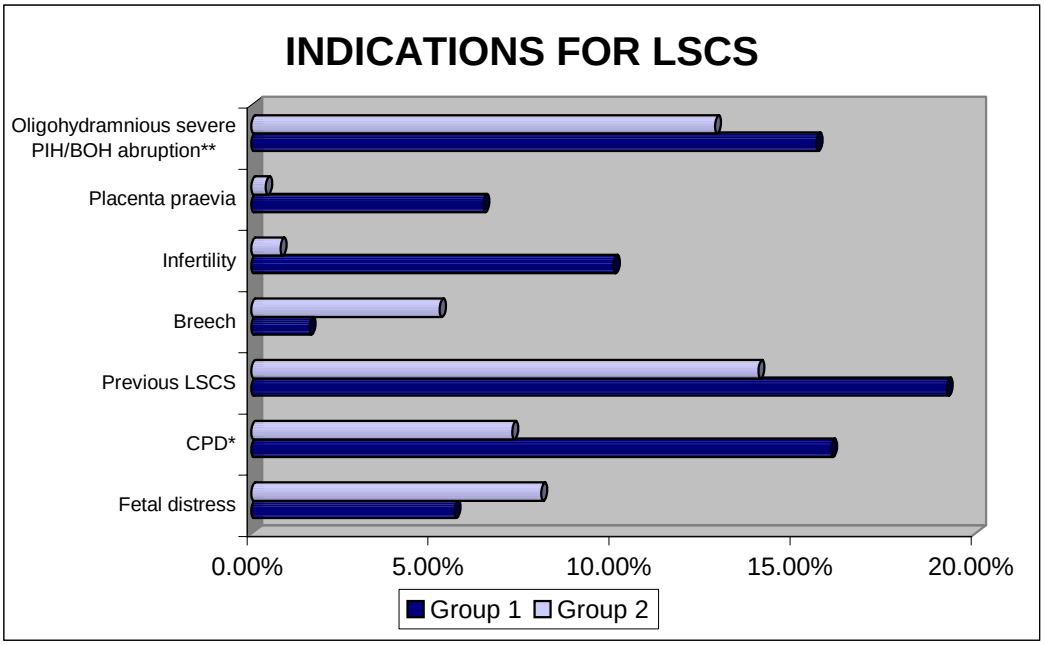

TYPE OF PREGNANCY
Group 2
Group 1
0.00%
20.00%
40.00%
60.00%
80.00%
100.00%
Unplanned
Planned

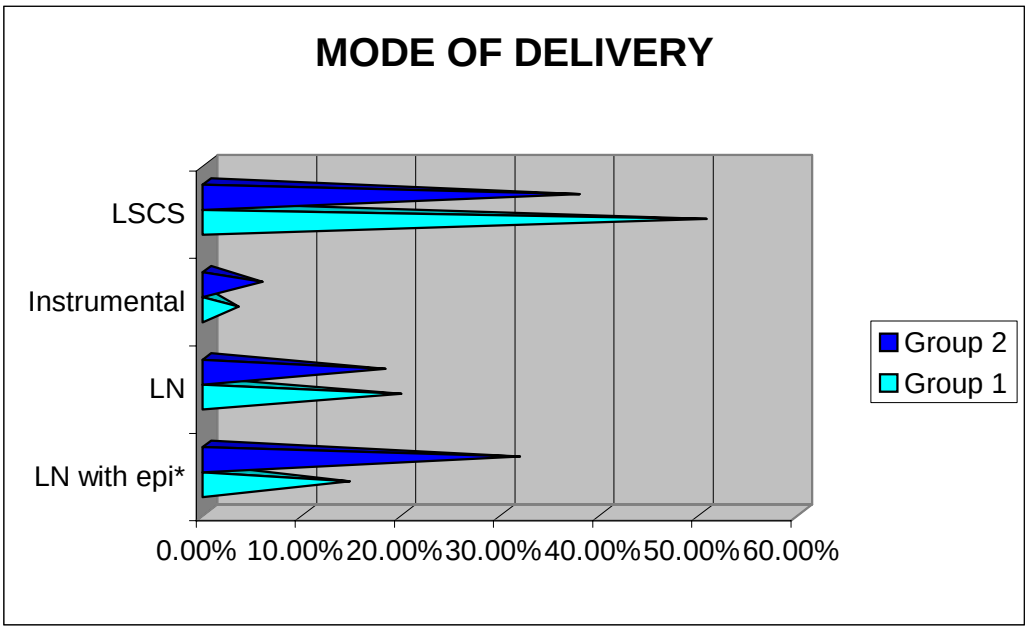
ANTENANTAL COMPLICATIONS



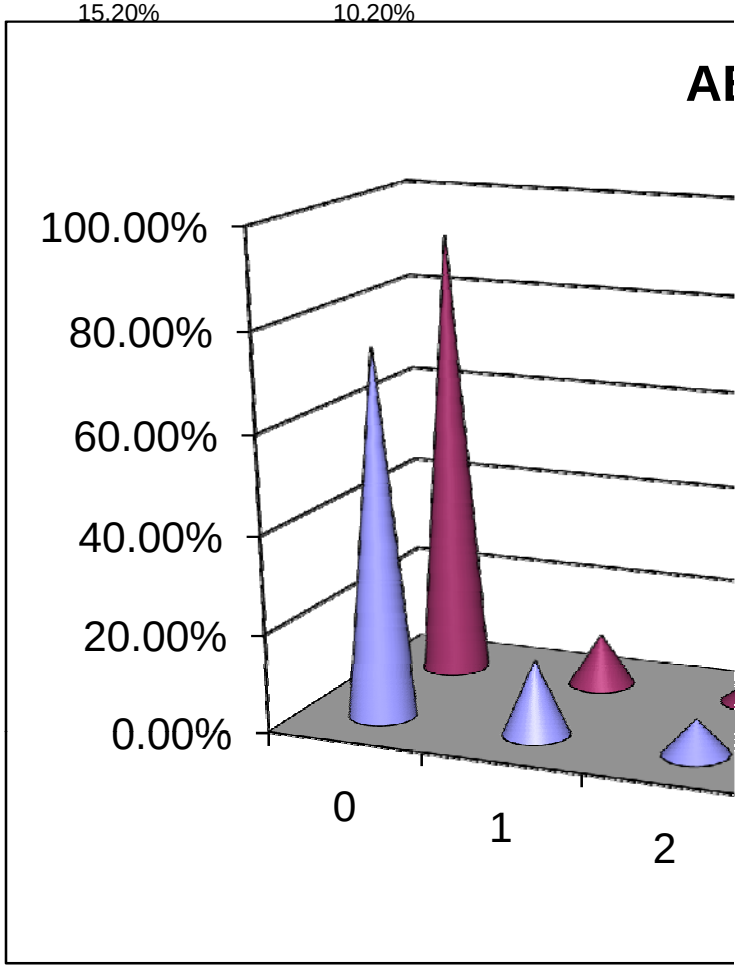
COMPLAINTS AT ADMISSION

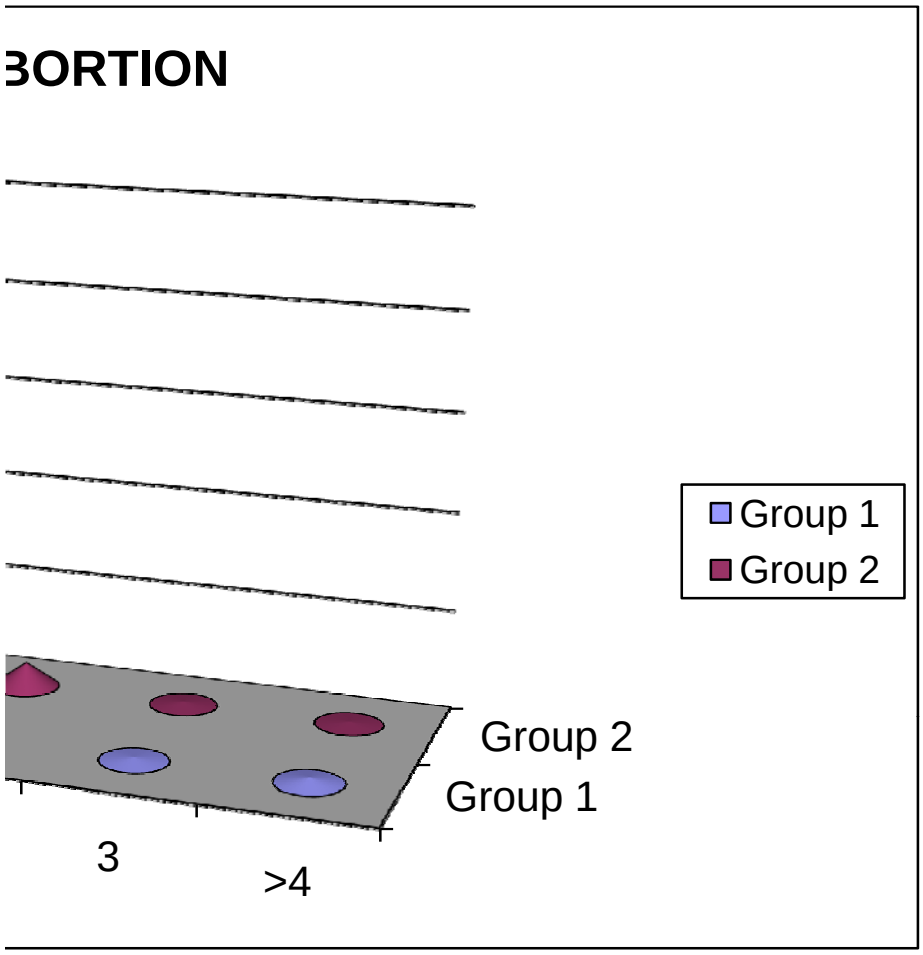



INDICATIONS FOR LSCS
Oligohydramnious severe PIH/BOH abruption**
Placenta praevia
Infertility
Breech
Previous LSCS
CPD*
Fetal distress
0.00%
5.00%
10.00%
15.00%
20.00%
Group 1
Group 2


MODE OF DELIVERY
LSCS
Instrumental
LN
LN with epi*
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
Group 2
Group 1

Abortion	Group 1	Group 2
0	74.80%	91.60%
1	15.20%	10.20%
2		
3		
>4		




3ORTION
Group 1
Group 2
Group 2
Group 1
3
>4

MASTER CHART

1	1	MENAKA	32	6717	15/7	1	0	0	0	0	10	9	2	1
2	1	CHELLAMMAL	31	6726	14/7	3	2	2	0	0	9	0	2	0
3	1	JEYABHARATHI	31	6775	16/7	1	0	0	0	0	1	0	2	3
4	1	PADMAVATHY	32	6555	13/6	2	1	1	0	0	10	0	2	0
5	1	DHANALAKSMI	34	9307	29/6	4	1	1	2	0	16	0	2	2
6	1	SHAKILA	31	5623	13/6	2	1	1	0	0	5	0	3	3
7	1	PADMAVATHY	32	5715	17/6	3	2	1	0	0	8	0	3	0
8	1	VIJAYA	35	6027	25/6	3	2	1	0	1	9	0	3	4
9	1	REKHA	31	6134	29/6	2	1	1	0	0	4	0	2	3
10	1	GUNAVATHY	33	6208	30/6	2	1	1	0	0	5	0	2	0
11	1	KALAIARASI	31	6130	28/6	3	2	2	0	0	10	0	2	0
12	1	KANNAGI	32	6290	13/7	2	1	1	0	1	6	0	2	4
13	1	VALLI	30	6291	13/7	7	1	1	5	1	10	0	1	3
14	1	ROSELIN	32	6309	18/7	1	0	0	0	0	2	0	2	3
15	1	VICTORIA	33	6406	19/7	2	1	1	0	1	4	0	2	1
16	1	JEBAMALAI	30	6208	31\8	3	1	1	1	0	4	0	1	1
17	1	GEETHA	31	6302	4\9	3	2	2	0	0	6	0	2	0
18	1	FARITHA	32	5221	16\4	5	2	2	2	0	11	0	2	0
19	1	LAKSMI	33	5468	16\4	5	3	3	1	0	12	0	1	0
20	1	SAMSERNISHA	31	5889	28\4	4	0	0	0	0	8	7	2	2
21	1	ESTHERRANI	35	5664	24\4	3	2	2	0	0	15	0	2	1
22	1	SHABINABEGUM	36	5760	26\4	4	3	3	0	0	20	0	2	0
23	1	MARIAMMAL	30	4345	29\3	1	0	0	0	0	10	0	2	2
24	1	VIMALA	31	5506	21\4	3	2	2	0	1	7	0	2	2
25	1	SAROJA	35	5436	19\4	2	1	1	0	1	3	0	1	3
26	1	KANNAMA	34	5234	16\4	4	3	3	0	0	14	0	2	0
27	1	SEETHA	31	5012	12\4	1	0	0	0	0	2	1	2	2
28	1	SHEETHAL	34	5123	14\4	2	0	0	1	0	4	3	2	4
29	1	SELVI	35	5763	26\4	2	1	1	0	1	18	5	2	2
30	1	ANANDHI	35	5740	26\4	3	2	1	0	1	10	0	2	2
31	1	MOHANA	32	5876	28\6	2	1	1	0	0	10	3	2	3

32	1 JAMUNA	35	5499	21\4	4	3	2	0	1	14	0	2	2
33	1 TAMILARASI	33	6142	3\5	1	0	0	0	0	0	0	3	4
34	1 KALAIVANI	34	5858	30\4	6	3	2	2	0	11	0	2	0
35	1 MANOKARI	32	5841	27\4	2	1	1	0	0	6	5	2	3
36	1 PHILOMINA	31	5608	32\4	3	2	2	0	0	10	0	2	1
37	1 KOMALAVALLI	32	6024	24\4	3	1	1	1	0	6	0	1	4
38	1 INDIRA	34	5929	30\4	4	2	2	1	0	15	0	2	1
39	1 NIRMALA	37	5467	20\4	3	2	2	0	0	22	0	1	1
40	1 LALITHA	34	5038	18\4	3	2	2	0	0	14	0	1	0
41	1 PADMAVATHY	32	5715	71\6	3	2	1	0	1	6	0	2	2
42	1 GEETHA	30	5145	18\6	2	1	1	0	0	4	0	2	1
43	1 MARIAMMAL	34	5734	17\6	1	0	0	0	0	2	0	3	1
44	1 PADMAVALLI	32	5715	17\6	3	2	1	0	0	3	0	2	2
45	1 SHANTHI	31	5556	13\6	2	1	1	0	1	2	0	2	2
46	1 BABY	38	5550	13\6	5	2	2	2	1	8	0	2	3
47	1 SATHYABAMA	33	5775	19\6	3	2	2	0	0	4	0	3	2
48	1 MARIAMMAL	30	5850	21/6	1	0	0	0	0	5	4	3	3
49	1 RENUKA	32	9948	11\7	2	1	1	0	1	7	0	2	2
50	1 KAMALA	32	6548	9\7	3	1	1	1	0	5	0	2	0
51	1 VASANTHI	30	6528	9\7	1	0	0	0	0	10	9	3	3
52	1 CHITRA	30	6503	9\7	3	2	2	0	0	8	0	2	0
53	1 GOMATHY	30	6504	9\7	2	0	0	1	0	8	6	3	3
54	1 LAKSMI	32	6632	12\7	2	1	1	0	1	6	0	2	2
55	1 NAGAMMA	33	6617	11\7	3	2	2	0	0	10	0	2	0
56	1 KAMATCHI	30	6615	12\7	1	0	0	0	0	15	13	2	0
57	1 DEVI	32	7918	4\6	3	2	2	0	0	12	0	2	1
58	1 SANTHAMMAL	35	7899	2\6	4	3	3	0	0	7	0	2	3
59	1 CHINNAPONNU	31	7601	29\5	2	1	1	0	0	18	0	1	0
60	1 ARPUTHAMARY	30	7923	7\6	2	1	1	0	1	6	0	2	0
61	1 SHARMILA	31	8120	7\6	3	1	1	1	0	5	0	2	2
62	1 VINNARASI	32	8089	6\6	1	0	0	0	0	1	0	2	2
63	1 MANJULA	31	8088	6\6	1	0	0	0	0	2	0	3	3
64	1 POONGODI	30	7551	28\5	2	1	1	0	1	4	0	2	2
65	1 NISHA	35	7986	4\6	4	1	1	2	0	4	0	2	1
66	1 DEVI	32	7918	4\6	3	2	2	0	0	5	0	2	0

67	1	SHANTHI	42	17742	11\12	5	2	2	2	0	21	0	3	0
68	1	SHEELADEVI	35	17738	11\12	3	1	1	1	0	10	0	2	3
69	1	SANJULATHA	321	16166	15\11	1	0	0	0	0	12	1	2	2
70	1	JANSI PANDARI	34	17778	12\12	1	0	0	0	0	1	0	3	1
71	1	SEENIAMMA	40	18203	20\12	2	1	1	0	1	12	0	2	4
72	1	SHANTHI	35	18205	20\2	2	1	1	0	0	17	8	3	0
73	1	RAVANAMMA	32	17810	12\12	3	1	1	1	0	10	0	2	3
74	1	MEENAKSHI	33	18065	17\12	4	3	3	0	0	18	0	3	2
75	1	RANJANA	35	4717	6\4	3	2	2	0	0	12	0	2	2
76	1	MARIAMMAL	32	4345	20\3	1	0	0	0	0	10	8	3	0
77	1	VALARMATHI	40	73	2\1	5	2	0	2	0	10	0	2	0
78	1	BHAVANI	35	75	2\1	1	0	0	0	0	1	0	3	2
79	1	LATHA	32	7950	21\12	1	0	0	0	0	13	12	2	0
80	1	THANGAMMA	36	834	18\1	3	2	2	0	0	16	0	2	0
81	1	STELLA	33	17983	15\2	5	4	4	0	0	10	0	2	0
82	1	JOGAMMA	42	18349	22\12	2	1	1	0	0	18	5	3	4
83	1	MURUGESWARI	33	786	17\1	4	2	2	0	1	0	2	2	4
84	1	LAKSMI	30	521	10\1	2	1	0	0	0	15	10	2	0
85	1	KALA	35	18215	20\12	1	0	0	0	0	1	0	2	1
86	1	DURGADEVI	31	704	15\1	1	0	0	0	0	1	0	2	3
87	1	MALLIGA	36	273	5\1	1	0	0	0	0	6	5	2	0
88	1	CHITRA	31	12354	31\12	2	1	1	0	1	5	0	2	3
89	1	SUBBULAKSHMI	36	1472	2\2	2	1	1	0	1	4	0	2	2
90	1	VIJAYA	30	1215	29\1	3	2	2	0	0	5	0	2	0
91	1	GEETHADEVI	31	1376	2\2	5	3	3	1	0	6	0	2	0
92	1	VIJI	30	1811	8\2	1	0	0	0	0	15	13	2	2
93	1	EZHILARASI	31	1175	5\2	1	0	0	0	0	2	0	2	3
94	1	SELVI	35	1940	12\2	4	3	3	0	0	8	0	3	0
95	1	MAHESWARI	30	2002	16\2	3	2	2	0	0	5	0	2	0
96	1	MUTHULAKSHMI	31	1576	12\2	1	0	0	0	0	7	6	2	3
97	1	KALIAMMAL	30	1859	24\2	2	1	1	0	0	10	0	1	2
98	1	GEETHA	32	2196	26\2	1	0	0	0	0	4	3	3	3
99	1	PADMA	31	2948	4\3	1	0	0	0	0	6	5	1	0
100	1	LATHA	30	2869	2\3	3	1	1	1	0	11	0	2	0
101	1	THANGAMMA	36	834	18\1	3	2	2	0	0	17	0	2	0

102	1	LATHA	32	795	17\1	2	0	0	1	0	2	0	2	4
103	1	VALARMATHY	40	940	19\1	5	2	0	2	0	7	0	1	0
104	1	SUBBULAKSHMI	30	960	21\1	2	1	1	0	0	4	0	2	2
105	1	DALSI	30	950	19\1	3	2	2	0	1	5	0	2	0
106	1	MARY	31	1012	24\1	3	2	2	0	0	10	0	2	0
107	1	NARASAMMAL	38	1503	30\1	3	1	1	1	1	17	0	1	0
108	1	INDIRA	35	1124	24\1	2	1	1	0	1	6	0	2	0
109	1	UMA	30	1316	30\1	3	1	1	1	1	6	0	2	0
110	1	ROSELINE	35	1385	26\2	4	1	1	2	0	3	0	2	4
111	1	INDRA	30	1276	24\1	6	1	1	4	1	12	0	1	0
112	1	PACHAMMA	30	8204	8\6	4	2	1	1	0	10	0	3	0
113	1	SHANTHI	35	8215	8\6	3	2	2	0	0	12	0	2	0
114	1	SAVITHRI	32	8217	8\6	3	1	1	1	0	8	0	2	0
115	1	SHANTHI	35	8633	16\6	3	2	2	0	0	10	0	2	0
116	1	GOVINDAMMAL	32	8588	15\6	3	2	2	0	0	12	0	2	1
117	1	JAYALAKSHMI	30	8678	17\6	2	1	1						
118	1	LAKSHMI	35	8172	8\6	3	1	1	1	0	12	0	2	0
119	1	JAYA	35	8516	14\6	2	1	1	0	0	7	0	2	2
120	1	CHANDRA	35	7436	26\5	2	1	1	0	1	15	0	2	2
121	1	DURGADEVI	30	8654	16\6	2	1	0	0	1	2	0	2	1
122	1	RENUKA	32	8430	12\6	2	1	1	0	0	9	0	2	2
123	1	MANJULA	31	8088	6\6	1	0	0	0	0	2	0	2	2
124	1	ARPUTHAMARY	30	7920	4\6	2	1	1	0	1	4	0	1	2
125	1	SELVARANI	34	8266	10\6	2	1	1	0	0	6	0	2	0
126	1	NISHA	35	7980	4\6	4	1	1	2	0	14	0	2	2
127	1	DAKSHAYINI	31	8267	10\6	2	1	1	0	0	3	0	2	0
128	1	ELLAMMAL	31	7655	7\6	4	3	2	0	0	15	0	2	0
129	1	ANNAMARY	34	7915	4\6	5	4	4	0	0	13	0	2	0
130	1	LEENA	34	7021	18\5	3	0	0	2	0	12	8	2	2
131	1	SELVI	37	7628	2\6	5	1	1	3	0	18	4	2	0
132	1	MUTHULAKSHMI	31	7350	2\6	2	1	1	0	0	3	0	2	2
133	1	SATHYABAMA	33	8789	19\6	3	2	2	0	0	9	0	2	2
134	1	SHANTHI	31	8455	15\6	2	1	1	0	1	3	0	3	3
135	1	VANITHA	30	8637	6\6	2	1	1	0	0	9	0	2	3
136	1	BINATHI	30	8181	8\6	2	1	0	0	1	0	2	2	5

137	1	POONGODI	30	7551	1\6	2	1	1	0	1	6	0	2	3
138	1	VASUTHA	30	11122	6\8	1	0	0	0	0	1	0	2	2
139	1	PADMA	32	11200	4\8	6	3	1	2	0	16	0	2	2
140	1	SAVITHRI	30	9781	7\7	1	0	0	0	0	1	0	2	2
141	1	REVATHI	30	10363	19\7	3	2	1	0	1	4	0	2	0
142	1	GOWRI	35	11036	1\8	2	0	0	1	0	2	2	2	0
143	1	THULASI	32	11226	5\8	1	0	0	0	0	4	3	2	2
144	1	LATHA	30	11497	9\8	2	1	1	0	1	6	0	3	3
145	1	LAKSMI	31	11800	17\8	3	2	2	0	0	10	0	2	0
146	1	KULANDAYAMMA	35	11074	1\8	1	0	0	0	0	1	0	3	5
147	1	SHANTHI	30	11046	1\8	3	1	1	1	0	7	0	2	0
148	1	SIVAGAMI	31	11371	2\8	3	2	2	0	0	12	0	2	0
149	1	RENUKADEVI	30	11715	15\8/	2	1	1	0	0	8	0	2	3
150	1	AKTAR BEGUM	33	11684	14\8	4	3	1	0	1	16	0	2	0
151	1	DHANAKUMARI	30	11662	14\8	3	1	1	1	0	10	0	2	2
152	1	BANUREKHA	35	11624	13\8	2	1	1	0	1	15	0	2	0
153	1	SELVI	30	11978	20\8	3	2	2	0	1	7	0	2	0
154	1	REVATHY	31	11791	17\8	1	0	0	0	0	2	1	1	1
155	1	VIJAYA	35	11021	1\8	5	1	1	3	0	13	10	2	2
156	1	MAHESWARI	31	10853	28\7	6	1	0	4	1	7	0	2	0
157	1	SEMAKANI	32	10695	25\7	8	7	6	0	0	18	0	1	0
158	1	ARASI	32	11553	11\8	4	3	2	0	0	10	0	1	0
159	1	KUMARI	32	11492	9\8	5	4	3	0	0	7	0	2	0
160	1	RUPERT	31	11350	16\8	2	1	1	0	1	10	0	2	2
161	1	SELVI	30	11360	7\8	2	1	1	0	0	7	0	1	3
162	1	MANONMANI	34	8531	14\6	1	0	0	0	0	16	15	2	3
163	1	MEENA	32	10097	13\7	3	2	2	0	1	4	0	1	0
164	1	SERMAKANI	32	10526	22\7	3	2	2	0	0	12	0	2	0
165	1	JEYARANI	32	10566	23\7	2	1	1	0	0	5	0	2	0
166	1	VIJAYALAKSMI	34	10554	23\7	7	2	2	4	0	12	0	2	0
167	1	OORMILA	33	11097	2\8	2	1	1	0	1	3	0	1	2
168	1	SUMATHI	33	17625	3\8	2	1	1	0	0	8	0	2	3
169	1	KOKILA	35	11167	3\8	4	3	2	0	0	11	0	2	1
170	1	KATHARBEE	35	10760	26\7	3	2	2	0	0	15	0	2	2
171	1	VIJAYALAKSMI	32	11392	8\8	3	1	1	1	0	2	0	2	1

172	1	STELLA	31	11163	2\8	1	0	0	0	0	7	6	2	3
173	1	PREMA	31	10503	22\7	3	1	1	1	1	14	0	3	2
174	1	SANGEETHA	32	10942	30\7	2	1	1	0	1	6	0	3	2
175	1	RANJITHAM	34	11677	14\8	6	5	3	1	0	18	0	2	0
176	1	SUNDARI	30	11761	16\8	2	1	1	0	1	7	0	1	2
177	1	BUWANESWARI	31	11141	18\8	3	1	1	1	1	5	0	2	1
178	1	POONGAVANAM	32	10909	30\7	1	0	0	0	0	7	4	2	2
179	1	CHANDRA	31	11011	31\7	2	0	0	1	0	16	10	2	4
180	1	DILIJATH	30	10978	31\7	1	0	0	0	0	3	2	2	2
181	1	SANJULA	31	10850	28\7	1	0	0	0	0	3	0	3	2
182	1	JEYANTHI	30	7378	25\5	3	1	1	1	0	3	0	3	1
183	1	VALLI	31	7531	28\5	2	1	1	0	1	6	0	1	2
184	1	FATIMA	33	7118	21\5	3	1	1	1	0	11	5	1	1
185	1	TAMILARASI	32	7876	3\6	1	0	0	0	0	2	1	2	2
186	1	ANURATHA	31	7550	28\5	2	1	1	0	1	10	4	2	3
187	1	SABITHA	30	8265	10\6	3	1	1	1	1	10	5	2	0
188	1	SHANTHI	32	7930	4\5	2	1	1	0	1	6	0	1	5
189	1	MALA	31	7752	1\6	2	1	0	0	1	3	0	2	0
190	1	SHAKILA	32	6897	16\5	2	1	1	0	0	16	5	2	0
191	1	AMMU	30	7146	24\5	2	1	1	0	0	7	4	2	0
192	1	LATHA	32	6909	16\5	3	0	0	2	0	6	5	3	3
193	1	GANDHIMATHI	30	7787	1\6	3	2	2	0	0	6	0	2	3
194	1	AMBIKA	35	7129	21\5	3	2	2	0	0	16	0	2	0
195	1	RAJI	32	11140	17\8	3	0	0	2	0	4	2	1	2
196	1	SATHYABAMA	33	8789	19\6	3	2	2	0	0	9	0	2	2
197	1	SHANTHI	31	8455	15\6	2	1	1	0	1	3	0	3	3
198	1	VANITHA	30	8637	6\6	2	1	1	0	0	9	0	2	3
199	1	BINATHI	30	8181	8\6	2	1	0	0	1	0	2	2	5
200	1	POONGODI	30	7551	1\6	2	1	1	0	1	6	0	2	3
201	1	VASUTHA	30	11122	6\8	1	0	0	0	0	1	0	2	2
202	1	PADMA	32	11200	4\8	6	3	1	2	0	16	0	2	2
203	1	SAVITHRI	30	9781	7\7	1	0	0	0	0	1	0	2	2
204	1	REVATHI	30	10363	19\7	3	2	1	0	1	4	0	2	0
205	1	GOWRI	35	11036	1\8	2	0	0	1	0	2	2	2	0
206	1	THULASI	32	11226	5\8	1	0	0	0	0	4	3	2	2

207	1 LATHA	30	11497	9\8	2	1	1	0	1	6	0	3	3
208	1 LAKSMI	31	11800	17\8	3	2	2	0	0	10	0	2	0
209	1 KULANDAYAMMA	35	11074	1\8	1	0	0	0	0	1	0	3	5
210	1 SHANTHI	30	11046	1\8	3	1	1	1	0	7	0	2	0
211	1 SIVAGAMI	31	11371	2\8	3	2	2	0	0	12	0	2	0
212	1 RENUKADEVI	30	11715	15\8/	2	1	1	0	0	8	0	2	3
213	1 AKTAR BEGUM	33	11684	14\8	4	3	1	0	1	16	0	2	0
214	1 DHANAKUMARI	30	11662	14\8	3	1	1	1	0	10	0	2	2
215	1 BANUREKHA	35	11624	13\8	2	1	1	0	1	15	0	2	0
216	1 SATHYABAMA	32	6717	13/7	2	1	1	0	1	6	0	2	4
217	1 SAVITHRI	30	6708	13/7	7	1	1	5	1	10	0	1	3
218	1 RATHIDEVI	32	6724	18/7	1	0	0	0	0	2	0	2	3
219	1 RATHNA	33	6721	19/7	2	1	1	0	1	4	0	2	1
220	1 VIDHYA	30	9302	31\8	3	1	1	1	0	4	0	1	1
221	1 VAISHNAVI	31	9108	4\9	3	2	2	0	0	6	0	2	0
222	1 SANTHIYA	32	9204	16\4	5	2	2	2	0	11	0	2	0
223	1 ANITHA	33	6012	16\4	5	3	3	1	0	12	0	1	0
224	1 BINDU	31	6203	28\4	40	0	0	0	0	8	7	2	2
225	1 CHINNAMMAL	35	6128	24\4	3	2	2	0	0	15	0	2	1
226	1 DEEPA	36	6413	26\4	4	3	3	0	0	20	0	2	0
227	1 HARINI	30	6292	29\3	1	0	0	0	0	10	0	2	2
228	1 YASODHA	31	6831	21\4	3	2	2	0	1	7	0	2	2
229	1 CHANDRAMATHI	35	6774	19\4	2	1	1	0	1	3	0	1	3
230	1 DIVYA	34	6201	16\4	4	3	3	0	0	14	0	2	0
231	1 FATHIMA	31	6404	12\4	1	0	0	0	0	2	1	2	2
232	1 GEETHA DEVI	34	6391	14\4	2	0	0	1	0	4	3	2	4
233	1 INDRANI	35	6251	26\4	2	1	1	0	1	18	5	2	2
234	1 INDHUMATHI	35	5432	26\4	3	2	1	0	1	10	0	2	2
235	1 JANSIRANI	32	5222	28\6	2	1	1	0	0	10	3	2	3
236	1 KALPANA	35	5469	21\4	4	3	2	0	1	14	0	2	2
237	1 KAVITHA RANI	33	5592	3\5	1	0	0	0	0	0	0	3	4
238	1 LASHMI	34	5654	30\4	6	3	2	2	0	11	0	2	0
239	1 MANJULA	32	5546	27\4	2	1	1	0	0	6	4	2	3
240	1 NADHIYA	31	5758	32\4	3	2	2	0	0	10	0	2	1
241	1 NIRMALA DEVI	32	6302	24\4	3	1	1	1	0	6	0	1	4

242	1 PARIMALA	34	5929	30\4	4	2	2	1	0	15	0	2	1
243	1 LAKSHMI	35	8172	8\6	3	1	1	1	0	12	0	2	0
244	1 JAYA	35	8516	14\6	2	1	1	0	0	7	0	2	2
245	1 CHANDRA	35	7436	26\5	2	1	1	0	1	15	0	2	2
246	1 DURGADEVI	30	8654	16\6	2	1	0	0	1	2	0	2	1
247	1 RENUKA	32	8430	12\6	2	1	1	0	0	9	0	2	2
248	1 PADMAPRIYA	31	5486	16/7	1	0	0	0	0	1	0	2	3
249	1 REENA	32	5864	13/6	2	1	1	0	0	10	0	2	0
250	1 TAMILSELVI	34	5988	29/6	4	1	1	2	0	16	0	2	2
251	2 UMA SHANKARI	21	5466	24/7	1	0	0	0	0	2	0	1	4
252	2 VINODHA	27	5670	13/6	2	1	1	0	0	6	0	2	3
253	2 YAMINI	27	5464	13/6	1	0	0	0	0	2	0	2	3
254	2 ANANDHI	26	5321	13/6	2	1	1	0	0	4	0	2	0
255	2 BEENA	23	5210	14/6	1	0	0	0	0	2	0	2	2
256	2 CHITRA	26	5470	13/6	1	0	0	0	0	4	3	1	2
257	2 DILLIRANI	23	5432	14/8	2	1	1	0	0	4	0	2	2
258	2 ELIZABETH	27	5605	5\8	1	0	0	0	0	3	2	3	4
259	2 SOUNDHARYA	28	5201	30\8	1	0	0	0	0	2	0	2	3
260	2 SAMUDHRA	26	5312	4\8	3	1	1	1	0	3	0	3	2
261	2 SAROJA	28	5471	5\9	2	1	1	0	0	4	0	3	4
262	2 MALARVIZHI	25	5677	8\7	2	1	1	0	0	3	0	3	3
263	2 SHANTHI	20	6214	11\7	2	1	1	0	0	2	0	3	2
264	2 PADMINI	27	5585	12\7	1	0	0	0	0	5	4	3	4
265	2 KALAI ARASI	25	5367	13\7	2	1	1	0	0	4	0	1	0
266	2 MANONMANI	24	4435	7\7	1	0	0	0	0	2	0	2	0
267	2 NEELA	26	5175	11\7	3	2	2	0	0	6	0	2	0
268	2 MEENA	25	6126	12\7	2	1	1	0	0	5	0	2	0
269	2 MRUTHULA	21	6266	11\7	1	0	0	0	0	1	0	2	2
270	2 SUBHA	20	5581	11\7	1	0	0	0	0	2	0	2	2
271	2 ALAMELU	22	5473	13\7	1	0	0	0	0	1	0	3	3
272	2 SUMATHI	23	6816	11\7	2	1	1	0	0	4	0	2	3
273	2 MANGAI	27	6433	11\7	2	1	1	0	1	5	0	2	2
274	2 JAYANTHI	24	5572	11\7	3	2	0	0	1	5	0	1	0
275	2 NIRMALA	21	7920	11\6	1	0	0	0	0	0	0	3	3
276	2 LATHA	26	8980	7\6	2	1	1	0	0	10	0	2	2

277	2 VINNARASI	23	7886	3\6	1	0	0	0	0	1	0	3	3
278	2 ISAIVALLI	22	8966	2\6	1	0	0	0	0	1	0	2	4
279	2 RAKSHA	23	8915	3\6	2	1	1	0	1	5	0	2	2
280	2 NITHYA	21	7329	13\6	1	0	0	0	0	2	0	1	3
281	2 MANIMEGALAI	23	7907	13\6	1	0	0	0	0	2	0	2	0
282	2 FAMIDHA	24	8314	14\6	2	1	1	0	0	3	0	2	1
283	2 NALAYANI	25	17724	12\6	2	1	1	0	0	5	0	3	2
284	2 GIRIJA	23	7891	11\6	1	0	0	0	0	3	2	2	4
285	2 ANUREKHA	26	4177	13\6	5	2	2	2	1	6	0	1	2
286	2 BALAMMA	25	18214	12\6	2	1	1	0	0	3	0	2	2
287	2 CHINNAPONNU	27	1427	11\6	1	0	0	0	0	1	0	2	4
288	2 KEERTHANA	25	13897	11\6	3	2	2	0	1	8	0	2	2
289	2 KAVIYA	26	4534	10\6	2	1	1	0	1	6	0	2	2
290	2 BHARATHI	28	1924	11\6	2	1	0	0	0	4	0	3	2
291	2 SRI VIDHYA	24	1657	11\6	2	1	1	0	0	5	0	2	2
292	2 TAMILSELVI	24	2986	11\6	2	1	1	0	1	4	0	3	3
293	2 SINDHU	22	948	8\6	1	0	0	0	0	1	0	3	4
294	2 SHIVAKANI	28	1181	16\6	2	1	1	0	1	5	0	1	1
295	2 SAISUNDARI	28	2202	11\6	2	1	1	0	1	5	0	2	3
296	2 VIJI	25	1491	14\6	2	1	1	0	1	6	0	2	4
297	2 SHENBAGAM	24	11428	14\6	2	1	1	0	1	4	0	2	2
298	2 SALEEMA	24	11613	15\6	1	0	0	0	0	2	0	3	0
299	2 POUNU	23	13164	16\6	1	0	0	0	0	1	0	2	4
300	2 CHANDRAKALA	23	11977	16\6	1	0	0	0	0	1	0	2	4
301	2 LATHANGI	27	11737	21\6	1	0	0	0	0	7	5	2	2
302	2 REVATHI	22	9871	6\6	1	0	0	0	0	1	0	2	2
303	2 POORNIMA	25	11628	7\6	2	1	1	0	1	3	0	2	3
304	2 POONGODI	26	11792	7\6	2	1	1	0	1	3	0	1	2
305	2 DURGADEVI	24	11592	7\6	1	0	0	0	0	1	0	2	3
306	2 THASLIMA	24	10596	4\6	2	1	1	0	1	4	0	1	0
307	2 BHAVANI	22	11630	1\6	2	1	1	0	1	2	0	1	1
308	2 MAHIMA	20	11632	7\6	1	0	0	0	0	2	0	3	3
309	2 KATHAYEE	21	8315	7\6	1	0	0	0	0	1	0	3	3
310	2 SEENIAMMAL	23	10350	8\6	3	2	2	0	1	5	0	3	2
311	2 MEENAKSHI	20	11767	7\6	1	0	0	0	0	1	0	2	4

312	2 PREMADEVI	22	10992	9\6	2	1	1	0	1	3	0	2	2
313	2 MARIAMMAL	23	8083	6\6	1	0	0	0	0	2	0	2	3
314	2 KALAIVANI	21	8466	13\6	1	0	0	0	0	1	0	3	2
315	2 LAKSHMI	22	8662	16\6	1	0	0	0	0	1	0	3	3
316	2 NEELA	20	8485	13\6	1	0	0	0	0	1	0	2	0
317	2 MAHALAKSHMI	22	8212	8\6	1	0	0	0	0	2	0	1	2
318	2 ANITHA	22	8153	7\6	3	2	2	0	1	6	0	2	2
319	2 RANJANA	22	8218	8\6	1	0	0	0	0	0	0	3	3
320	2 JAYALAKSHMI	22	8549	14\6	2	1	1	0	0	2	0	2	0
321	2 VIMALA	22	6527	10\5	1	0	0	0	0	1	2	2	3
322	2 LAKSHMI	22	8538	14\6	1	0	0	0	0	1	0	2	1
323	2 VANITHA	22	8820	19\6	2	1	0	0	0	3	0	2	0
324	2 MEENAKSHI	27	8663	6\6	2	1	1	0	1	3	0	2	2
325	2 RAJESWARI	23	9060	24\6	1	0	0	0	0	0	0	2	3
326	2 JAYA	27	8783	18\6	2	1	1	0	1	4	0	2	1
327	2 RAMANI	22	9152	25\6	2	1	1	0	1	4	0	2	0
328	2 DEVI	29	9120	25\6	3	1	0	1	0	9	0	3	3
329	2 CHITRA	24	8159	7\6	1	0	0	0	0	1	0	3	3
330	2 VASANTHI	24	7162	21\5	2	1	0	0	1	3	0	2	3
331	2 NAGARATHNAM	28	7187	21\5	2	1	1	0	1	5	0	1	3
332	2 SHANKARI	24	7966	4\6	2	1	1	0	0	4	0	3	2
333	2 ANANDHI	21	7928	4\6	2	1	1	0	0	3	0	1	0
334	2 ALAGUMATHI	21	7386	4\6	1	0	0	0	0	1	0	2	3
335	2 JAMEELA	25	6860	13\6	2	1	1	0	0	6	0	2	2
336	2 LATHA	29	8411	12\6	2	1	1	0	0	6	0	2	0
337	2 MURUGESWARI	22	8343	11\6	2	0	0	1	0	2	0	2	0
338	2 USHA	23	7997	5\6	1	0	0	0	0	0	0	2	0
339	2 ESUMANI	27	7029	18\5	3	2	1	0	0	4	0	2	0
340	2 MURUGESWARI	27	7699	31\5	2	1	1	0	0	3	0	2	0
341	2 RAJESWARI	25	7757	2\6	2	1	1	0	0	4	0	2	0
342	2 SHAKILABANU	25	7715	31\5	1	0	0	0	0	1	0	2	2
343	2 HEMAVATHI	23	7341	2\6	1	0	0	0	0	1	0	3	2
344	2 JAYACHITRA	23	7257	23\5	1	0	0	0	0	1	0	3	2
345	2 SAMUNDEESWARI	20	7282	23\5	1	0	0	0	0	2	0	2	2
346	2 RAJALAKSHMI	24	7492	28\5	1	0	0	0	0	1	0	2	2

347	2 AMUDHA	25	7435	26\5	2	1	1	0	1	4	0	2	3
348	2 SELVI	25	7321	24\5	2	1	1	0	1	3	0	2	2
349	2 PUSHPALATHA	22	8427	12\6	1	0	0	0	0	2	0	3	2
350	2 CHAMUNDESWARI	22	8642	16\6	1	0	0	0	0	1	0	2	3
351	2 GIRIJA	25	8581	15\6	2	1	1	0	0	7	0	2	2
352	2 ANGAYARKANNI	28	8796	18\6	1	0	0	0	0	1	0	2	2
353	2 PREMA	22	8794	19\6	1	0	0	0	0	1	0	2	2
354	2 LEELAVATHY	24	8675	16\6	1	0	0	0	0	1	0	3	3
355	2 VIJAYA	29	7343	26\6	3	2	1	0	0	4	0	2	2
356	2 SREMATHY	26	8738	18\6	2	1	1	0	1	3	0	2	2
357	2 SANGEETHA	26	8689	17\6	1	0	0	0	0	1	0	3	3
358	2 PARIMALA	22	8969	22\6	2	1	0	0	0	4	0	1	2
359	2 GEETHA	26	8782	18\6	1	0	0	0	0	2	0	2	2
360	2 DURGADEVI	29	9035	23\6	2	1	1	0	0	6	0	3	2
361	2 HEMALATHA	26	8894	20\6	1	0	0	0	0	1	0	2	2
362	2 RENUKADEVI	21	8988	22\6	1	0	0	0	0	1	0	2	0
363	2 CHENGAMMA	21	9078	24\6	1	0	0	0	0	2	0	1	2
364	2 SARASWATHI	28	8273	10\6	6	5	5	0	0	11	0	2	0
365	2 SUTHA	28	8844	20\6	5	2	1	3	0	8	0	3	3
366	2 RANI	24	8865	24\6	3	2	2	0	0	9	0	2	2
367	2 MALLIKA	25	8934	21\6	3	2	1	0	1	6	0	2	0
368	2 PREMA	27	7680	31\7	2	1	1	0	1	8	0	2	2
369	2 DURGADEVI	29	9035	23\6	2	1	1	0	0	6	0	3	2
370	2 HEMALALATHA	26	8894	20\6	1	0	0	0	0	1	0	2	2
371	2 RENUKADEVI	21	8988	22\6	1	0	0	0	0	2	0	3	2
372	2 CHENGAMMA	21	9078	24\6	1	0	0	0	0	1	0	2	3
373	2 SARASWATHI	28	8273	10\6	6	5	5	0	0	11	0	2	0
374	2 SUTHA	28	8844	20\6	5	2	1	3	0	8	0	3	0
375	2 RANI	24	8865	24\6	3	2	2	0	0	9	0	2	3
376	2 MANJULA	25	8934	21\6	3	2	1	0	1	6	0	2	2
377	2 PREMA	27	7680	31\7	2	1	1	0	1	1	0	2	2
378	2 ANBU VINNARASI	28	4531	2\4	2	1	0	0	1	2	0	2	3
379	2 ADHILAKSMI	23	7403	25\5	3	0	0	2	0	3	0	2	2
380	2 HASEENA BEGUM	26	7438	26\5	2	1	1	0	0	7	0	2	2
381	2 PARVATHY	27	7943	4\6	2	1	1	0	0	7	0	2	2

382	2 SUMATHY	25	7882	3\6	2	1	0	0	0	7	6	2	0
383	2 NAGAMMA	22	8185	8\6	3	1	1	1	0	5	0	2	2
384	2 ANJALAI	29	11194	4\8	1	0	0	0	0	0	0	2	1
385	2 SHOBANA	29	11069	1\8	4	3	2	0	1	6	0	1	0
386	2 RATHIMALAR	23	11548	1\8	1	0	0	0	0	1	0	3	3
387	2 KONDAMMAL	22	11482	8\8	2	1	1	0	1	6	0	1	0
388	2 SANTHALAKSMI	27	11727	16\8	1	0	0	0	0	1	0	3	1
389	2 GOVINDAMMAL	22	11316	7\8	2	1	1	0	0	3	2	1	5
390	2 PUNITHA	24	11799	17\8	2	1	1	0	0	3	0	2	2
391	2 ANGEL MARY	23	11717	15\8	1	0	0	0	0	1	0	1	0
392	2 SUMATHY	23	11708	15\8	1	0	0	0	0	1	0	2	1
393	2 DURGADEVI	22	11519	11\8	1	0	0	0	0	1	0	1	0
394	2 KAVITHA	24	11711	15\8	3	1	1	1	1	3	0	2	3
395	2 GOWRI	26	11373	8\8	1	0	0	0	0	2	0	1	2
396	2 SUMATHY	23	11378	8\8	1	0	0	0	0	2	0	3	4
397	2 SUGANTHY	22	11566	12\8	2	1	1	0	1	3	0	2	2
398	2 SUJATHA	23	11789	16\8	1	0	0	0	0	1	0	2	1
399	2 BHUVANESWARI	23	11796	17\8	2	1	1	0	0	3	0	2	2
400	2 LATHA	21	11763	16\8	1	0	0	0	0	1	0	2	4
401	2 VICTORIA	22	11636	13\8	1	0	0	0	0	1	0	2	2
402	2 VALARMATHY	23	11682	14\8	2	1	1	0	1	3	0	2	2
403	2 VALARMATHY	23	11682	14\8	2	1	1	0	1	3	0	2	2
404	2 DURGADEVI	26	11556	12\8	2	1	1	0	0	5	0	2	2
405	2 ASTALAKSMI	23	11885	19\8	1	0	0	0	0	2	0	2	2
406	2 MANJULA	27	11982	20\8	3	2	2	0	0	8	0	2	3
407	2 THASEEM	26	11971	20\8	3	2	2	0	0	8	0	2	2
408	2 BHUVANESWARI	22	11950	20\8	1	0	0	0	0	2	0	2	0
409	2 LOGANAYAGI	24	11922	20\8	1	0	0	0	0	1	0	3	3
410	2 RENUKA	24	11935	20\8	2	1	1	0	0	3	0	2	2
411	2 PARVEEN	26	12140	23\8	1	0	0	0	0	2	0	3	4
412	2 SIVAGAMI	25	12295	27\8	1	0	0	0	0	1	0	2	2
413	2 KANIMOLI	28	11873	18\8	3	2	2	0	0	7	0	2	2
414	2 VARALAKSMI	22	12090	23\8	3	2	1	0	0	6	0	2	3
415	2 HAZEENA	25	12184	24\8	3	1	1	1	0	7	0	1	1
416	2 VAIJAYANTI	21	12250	26\8	1	0	0	0	0	1	0	2	3

417	2 LILLY	21	11882	19\8	1	0	0	0	0	1	0	1	3
418	2 SELVI	21	11598	13\8	1	0	0	0	0	1	0	2	0
419	2 DHIVYA	22	11852	18\8	3	1	1	1	0	4	0	2	0
420	2 CHITRA	27	11877	18\8	1	0	0	0	0	1	0	2	4
421	2 REVATHI	22	11948	25\8	1	0	0	0	0	1	0	2	2
422	2 DEVI	22	11912	19\8	2	1	1	0	0	2	0	2	2
423	2 CHITRA	21	11829	17\8	1	0	0	0	0	1	0	2	2
424	2 TAKIABEGUM	21	12045	22\8	3	2	0	0	0	3	0	2	0
425	2 VIJAYA	22	12038	22\8	2	1	1	0	0	6	0	2	2
426	2 RAJESWARI	21	11959	20\8	1	0	0	0	0	1	0	2	2
427	2 BUWANESWARI	23	12033	22\8	1	0	0	0	0	1	0	2	2
428	2 MALLIKA	21	11906	19\8	1	0	0	0	0	1	0	2	2
429	2 RAJAKUMARI	25	12026	21\8	1	0	0	0	0	1	0	3	3
430	2 KOKILA	25	12034	22\8	4	2	2	1	0	5	0	2	0
431	2 JAYANTHI	21	11775	15\8	2	1	1	0	0	5	2	1	5
432	2 RANI	22	12132	23\8	3	2	2	0	0	8	0	2	0
433	2 MARIAMMAL	26	11785	16\8	1	0	0	0	0	10	10	1	0
434	2 KANTHAMMA	22	10886	29\7	3	0	0	2	0	7	0	2	0
435	2 VETRIMALA	23	10881	29\7	2	1	1	0	0	4	0	2	2
436	2 JEYANTHI	25	10775	27\7	2	1	1	0	0	8	0	2	0
437	2 AMMULU	25	7415	25\5	2	1	1	0	1	5	0	1	2
438	2 SHANTHI	22	6892	16\5	3	1	1	1	0	3	0	2	2
439	2 KAVITHA	23	6607	14\5	3	0	0	2	0	2	1	2	0
440	2 CHITRA	22	6603	14\5	1	0	0	0	0	1	0	3	3
441	2 MUMTAJ	24	8260	10\6	4	3	2	0	0	5	0	2	0
442	2 ANUSYA	26	7760	1\6	2	0	0	1	0	2	0	2	2
443	2 THANGAM	24	11760	16\8	2	1	1	0	0	3	0	2	0
444	2 ARUNA	22	11142	18\8	3	0	0	2	0	2	1	2	3
445	2 NIRMALA	26	11150	18\8	4	1	1	2	0	4	0	2	4
446	2 RANI	28	11152	18\8	1	0	0	0	0	8	7	1	3
447	2 SARALA	22	7551	28\5	2	1	1	0	0	4	0	2	3
448	2 ANANDHI	21	11130	17\8	1	0	0	0	0	2	0	2	2
449	2 SHILPI	24	10828	25\7	3	1	1	1	0	4	0	2	1
450	2 ANANDHI	21	7928	4\6	2	1	1	0	0	3	0	1	0
451	2 ALAGUMATHI	21	7386	4\6	1	0	0	0	0	1	0	2	3

452	2 JAMEELA	25	6860	13\6	2	1	1	0	0	6	0	2	2
453	2 LATHA	29	8411	12\6	2	1	1	0	0	6	0	2	0
454	2 MURUGESWARI	22	8343	11\6	2	0	0	1	0	2	0	2	0
455	2 USHA	23	7997	5\6	1	0	0	0	0	0	0	2	0
456	2 ESUMANI	27	7029	18\5	3	2	1	0	0	4	0	2	0
457	2 MURUGESWARI	27	7699	31\5	2	1	1	0	0	3	0	2	0
458	2 RAJESWARI	25	7757	2\6	2	1	1	0	0	4	0	2	0
459	2 SHAKILABANU	25	7715	31\5	1	0	0	0	0	1	0	2	2
460	2 HEMAVATHI	23	7341	2\6	1	0	0	0	0	1	0	3	2
461	2 JAYACHITRA	23	7257	23\5	1	0	0	0	0	1	0	3	2
462	2 SAMUNDEESWARI	20	7282	23\5	1	0	0	0	0	2	0	2	2
463	2 RAJALAKSHMI	24	7492	28\5	1	0	0	0	0	1	0	2	2
464	2 AMUDHA	25	7435	26\5	2	1	1	0	1	4	0	2	3
465	2 SELVI	25	7321	24\5	2	1	1	0	1	3	0	2	2
466	2 PUSHPALATHA	22	8427	12\6	1	0	0	0	0	2	0	3	2
467	2 CHAMUNDESWARI	22	8642	16\6	1	0	0	0	0	1	0	2	3
468	2 GIRIJA	25	8581	15\6	2	1	1	0	0	7	0	2	2
469	2 ANGAYARKANNI	28	8796	18\6	1	0	0	0	0	1	0	2	2
470	2 PREMA	22	8794	19\6	1	0	0	0	0	1	0	2	2
471	2 LEELAVATHY	24	8675	16\6	1	0	0	0	0	1	0	3	3
472	2 VIJAYA	29	7343	26\6	3	2	1	0	0	4	0	2	2
473	2 SREMATHY	26	8738	18\6	2	1	1	0	1	3	0	2	2
474	2 SANGEETHA	26	8689	17\6	1	0	0	0	0	1	0	3	3
475	2 SEEMA	28	6062	30\8	1	0	0	0	0	2	0	2	3
476	2 MARY	26	5343	4\8	3	1	1	1	0	3	0	3	2
477	2 VANITHA	28	6500	5\9	2	1	1	0	0	4	0	3	4
478	2 SUBA	25	6601	8\7	2	1	1	0	0	3	0	3	3
479	2 JAYANTHI	20	6621	11\7	2	1	1	0	0	2	0	3	2
480	2 ARUNA	27	6622	12\7	1	0	0	0	0	5	4	3	4
481	2 VASANTHI	25	6634	13\7	2	1	1	0	0	4	0	1	0
482	2 SUREKHA	24	6505	7\7	1	0	0	0	0	2	0	2	0
483	2 MALATHY	26	6618	11\7	3	2	2	0	0	6	0	2	0
484	2 FARITHA	25	6619	12\7	2	1	1	0	0	5	0	2	0
485	2 KALPANA	21	6621	11\7	1	0	0	0	0	1	0	2	2
486	2 MALIGA	20	6380	11\7	1	0	0	0	0	2	0	2	2

487	2 ABI	22	6635	13\7	1	0	0	0	0	1	0	3	3
488	2 GOMATHY	23	6638	11\7	2	1	1	0	0	4	0	2	3
489	2 UMA	27	6644	11\7	2	1	1	0	1	5	0	2	2
490	2 ANJALAI	24	9983	11\7	3	2	0	0	1	5	0	1	0
491	2 KAVITHA	21	8538	11\6	1	0	0	0	0	0	0	3	3
492	2 MANGAMMA	26	8140	7\6	2	1	1	0	0	10	0	2	2
493	2 SARALA	23	5154	3\6	1	0	0	0	0	1	0	3	3
494	2 KUMARI	22	5160	2\6	1	0	0	0	0	1	0	2	4
495	2 SYED ALI FATIMA	23	5163	3\6	2	1	1	0	1	5	0	2	2
496	2 SHEELA	21	5166	13\6	1	0	0	0	0	2	0	1	3
497	2 BABY	23	5570	13\6	1	0	0	0	0	2	0	2	0
498	2 DHANASELVI	24	5602	14\6	2	1	1	0	0	3	0	2	1
499	2 AZEENA BEGUM	25	5514	12\6	2	1	1	0	0	5	0	3	2
500	2 NANDHINI	23	5519	11\6	1	0	0	0	0	3	2	2	4